DOCUMENT RESUME

ED 195 925 CG 014 942

AUTHOR Barnett, Ellen R.: And Others
TITLE Family Violence: Intervention Strategies.
INSTITUTION Kirschner (E.J.) and Associates, Washington, D.C.
SPONS AGENCY Administration for Children, Youth, and Families (DHEW), Washington, D.C.
REPORT NO OHDS-80-30258
PUB DATE May 80
CONTRACT 105-77-1050
NOTE 103p.
AVAILABLE FROM Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Aggression: *Battered Women: Consultation Programs: *Family Counseling: *Family Problems: Interpersonal Relationship: *Intervention: Marital Instability: Models: Stress Variables: *Violence

ABSTRACT

Problems related to family violence are complex and multi-faceted and invclve large numbers of people in this country. A number of types of violence in families are identified initially: however, the manual focuses on the concerns of battered women, or interspousal abuse. Information focuses on: (1) the nature, causes and effects of family violence: (2) identification of violent families: and (3) intervention strategies--both beginning stages and assessment, and ongoing intervention--developing and implementing a service plan. Legal issues are discussed, as are program planning, coordination and evaluation. Several exhibits and crisis assessment profiles are provided. (KMG)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

ED195925

# FAMILY VIOLENCE: INTERVENTION STRATEGIES

Ellen R. Barnett
Carla B. Pittman
Cynthia K. Ragan
Marsha K. Salus

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

C6 014942

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
Administration for Children, Youth and Families
Children's Bureau
National Center on Child Abuse and Neglect
DHHS Publication No. (OHDS) 80-30258

Issued May 1980

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402



DEC 4 1980

This manual was developed and written by Ellen R. Barnett, Carla B. Pittman, Cynthia K. Ragan and Marsha K. Salus. It was edited and produced by Kirschner Associates, Inc., Washington, D.C., under Contract No. HEW-105-77-1050.

Single copies of this document are available without charge from LSDS, Department 76, Washington, D.C. 20401. Please include the (OHDS) 80-30258 number when requesting your copy.

Ellen R. Barnett, M.S.W., L.C.S.W., currently has a private practice in clinical social work. She also serves as a consultant for the Department of Health, Education and Welfare, Office on Domestic Violence, where her responsibilities include program development and planning, training and technical assistance, and materials development. Her prior exerience includes four years as Director of a 24-hour, walk-in crisis intervention and short-term therapy service for the Montgomery County (Maryland) Health Department. She also served as a senior staff member on an LEAA-funded project, "Rape and Its Victims," designed to develop model programs for treatment of sexual assault victims in hospitals, criminal justice and citizen action groups nationwide. In addition, Ms. Barnett has had extensive experience as a social worker and social work supervisor, and is experienced in providing individual, group, and family counseling.

Carla B. Pittman, ACSW, is currently a Social Work Supervisor with the Fairfax County (Virginia) Department of Social Services. For two years, Ms. Pittman was co-leader of a therapy group for abused women. She co-authored an LEAA-funded grant, Project CEASE, and was responsible for coordinating the role of the Department of Social Services in this project. Ms. Pittman is on the Fairfax County Commission for Women Task Force on Battered Women. Over the past several years she has presented a number of workshops and training sessions on various aspects of domestic violence.

Cynthia K. Ragan, ACSW, is currently Project Director of a Department of Health, Education and Welfare-funded study entitled Evaluation of HEW Programs for Services to Victims of Domestic Violence. She also serves as a consultant to NASW on their preparation of standards on social work practice in Child Protective Services. She previously served as Project Director of Pro-Child, a child abuse and neglect demonstration project, Department of Human Resources, Arlington County, Virginia.

Marsha K. Salus, ACSW, is a Senior Associate at Kirschner Associates, Inc. Prior to this, Ms. Salus was a Senior Social Worker in Child Protective Services for Fairfax County, Virginia, where her responsibilities included coordination of the County Parent-Aide Program, provision of casework services, and training of various professional groups in the area of child abuse and neglect.

Kirschner Associates, Inc., staff who were responsible for editing and producing this manual included Gretchen L. Schultze, Research Associate, and Robert A. MacDicken, Project Administrator.

James A. Harrell, Project Officer for the National Center on Child Abuse and Neglect, provided technical consultation, revisions and editing.

The following are members of the Advisory Panel for Contract No. HEW-105-77-1050.

Diane D. Broadhurst
Education Consultant

Donald Bross
National Center for the Prevention and Treatment of Child Abuse and Neglect

I. Lorraine Davis
Wisconsin Department of Public Instruction

Jeannette Hendrix
Louisiana Office of Family Services

James L. Jenkins
U.S. Air Force

Hortense R. Landau
New York Society for Prevention of Cruelty to Children

Dwaine Lindberg
Minnesota Department of Public Welfare

John Flores Mendoza
Judge, Clark County, Nevada

Nancy Ormsby
Quinco Consulting Center

Nancy Polansky
Psychiatric Nurse

Barbara Pruitt
Los Angeles Police Department

Thelma Stiffarm
Native American Rights Fund

E. Peter Wilson
Philadephia SCAN Center

J. L. Wyatt
District of Columbia Department of Human Resources

TABLE OF CONTENTS


| | Page |
|---|---|
| PREFACE | |
| I. OVERVIEW OF FAMILY VIOLENCE | 1 |
| Nature of the Problem | 1 |
| Child Abuse | 1 |
| Spouse Abuse | 1 |
| Sibling Violence | 2 |
| Child Assault Against Parent | 2 |
| Violence Against Elderly Family Members | 2 |
| Forms of Family Violence | 2 |
| Extent of the Problem | 3 |
| Factors Contributing to Family Violence | 5 |
| Societal Attitudes Regarding the Use of Physical Force | 5 |
| Family Structure and Roles | 5 |
| Learned Aggression | 6 |
| Common Stress Factors | 7 |
| Effects Of Family Violence | 9 |
| II. IDENTIFICATION OF VIOLENT FAMILIES | 12 |
| Characteristics of Violent Spouses/Partners | 12 |
| Characteristics of Abused Women--Victim Role | 12 |
| Why Abused Women Stay | 13 |
| Characteristics of Abusive Men | 15 |
| Risk Factors for Abusive Men | 18 |
| Characteristics of Abused Men--Victim Role | 20 |
| Patterns of Interaction in Violent Relationships | 21 |

TABLE OF CONTENTS
(continued)


| | Page |
|---|---|
| Dominant, Violent Husband/Overwhelmed Wife | 21 |
| Partners with Discrepancies in Perceived Sex Roles | 21 |
| Pattern of Simultaneous Fighting | 23 |
| The Effects of Family Violence on Children | 25 |
| Child Maltreatment as a Result of Spouse Abuse | 27 |
| Physical Abuse | 27 |
| Emotional Abuse | 28 |
| Neglect | 28 |
| Sexual Abuse | 28 |
| Characteristic Behaviors of Children Who Experience Family Violence | 28 |
| Perpetuating the Cycle of Family Violence | 29 |
| III. INTERVENTION--BEGINNING STAGES | 32 |
| How Family Violence Comes to the Attention of Community Agencies | 34 |
| Referrals to CPS | 36 |
| Assessment and Crisis Intervention | 36 |
| Assessment of the Level of Danger--The Crisis Assessment | 37 |
| Abuser Profile | 37 |
| Victim Profile | 39 |
| Assessment of the Level of Danger--Past History of Violence | 41 |
| Assessing the Safety of Children | 42 |
| Assessing Situations Where Children Become Violent | 43 |

TABLE OF CONTENTS
(continued)


| | Page |
|---|---|
| Initial Role of the Intervenor | 45 |
| Initial Response of the Family to Intervention | 46 |
| Potential Risk to CPS Worker | 46 |
| Fear | 47 |
| IV. ONGOING INTERVENTION--DEVELOPING AND IMPLEMENTING A SERVICE PLAN | 48 |
| Intervention Alternatives | 48 |
| Assistance from Extended Families | 48 |
| Community Services | 50 |
| Crisis Services Following Initial Intervention | 51 |
| Law Enforcement Intervention | 55 |
| Civil Remedies | 55 |
| Medical Intervention | 56 |
| Involuntary Intervention | 57 |
| Alcohol Abuse Services | 57 |
| Other Support Services | 58 |
| Services for Children and Youth | 59 |
| Implementing a Worker/Family Service Agreement | 60 |
| Service Implementation/Treatment | 61 |
| Overcoming Barriers to Service Planning and Implementation | 62 |
| Financial Constraints | 63 |
| Legal Constraints | 65 |

TABLE OF CONTENTS
(continued)


| | Page |
|---|---|
| V. LEGAL ISSUES | 66 |
| Civil Actions and Remedies | 66 |
| Criminal Actions | 66 |
| Filing a Criminal Complaint To Initiate Court Action | 67 |
| Procedures During the Criminal Court Hearing | 67 |
| Dispositional Alternatives | 67 |
| Support for the Abused Spouse | 79 |
| Issues Regarding Separation | 70 |
| VI. PROGRAM PLANNING, COORDINATION, AND EVALUATION | 72 |
| Where To Turn for Help | 72 |
| Program Objectives | 72 |
| Components of a Comprehensive Service System | 73 |
| Twenty-Four Hour Hot Line Services | 73 |
| Walk-in Crisis Center | 74 |
| Emergency Housing/Shelter | 74 |
| Child Protective Services | 76 |
| Law Enforcement Agencies | 76 |
| Legal Services | 76 |
| Mobile Crisis Team | 76 |
| Volunteers | 77 |
| Program Development | 77 |
| Prevention Strategies | 80 |
| Summary | 81 |
| APPENDIX - THE CRISIS ASSESSMENT: ABUSER AND VICTIM PROFILES | A-1 |
| BIBLIOGRAPHY | |

# LIST OF EXHIBITS


| | | Page |
|---|---|---|
| EXHIBIT I: | EFFECTS OF FAMILY VIOLENCE | 11 |
| EXHIBIT II: | WHY WOMEN STAY | 16 |
| EXHIBIT III: | POINTS OF POTENTIAL HARM FOR ABUSIVE MEN | 19 |
| EXHIBIT IV: | CHARACTERISTICS OF SPOUSES IN DOMINANT HUSBAND/OVERWHELMED WIFE RELATIONSHIP | 22 |
| EXHIBIT V: | CHARACTERISTICS OF SPOUSES WITH DISCREPANT SEX ROLE PERCEPTIONS | 24 |
| EXHIBIT VI: | CHARACTERISTICS IN A RELATIONSHIP WITH SIMULTANEOUS FIGHTING | 26 |
| EXHIBIT VII: | ESCALATION OF VIOLENCE | 33 |
| EXHIBIT VIII: | SERVICE PLANNING AND IMPLEMENTATION | 49 |
| EXHIBIT IX: | AGENCIES AND SERVICES FREQUENTLY NEEDED FOR VIOLENT FAMILIES | 52 |

# PREFACE

In recent years, family violence has become a topic of major public concern. This has been a gradual process of increasing public awareness that began with the realization that parents were maltreating their children. More recently, spouse abuse has been recognized by the public as an extensive and serious problem, separate from that of child maltreatment.

Violence among family members is a multifaceted problem which is influenced by cultural norms, personal values, and stress factors. Professionals in a variety of social service, medical and mental health fields, and in law enforcement, have a role in assisting families engaged in violent behavior as well as in the prevention of family violence. If professionals are to be successful in these efforts, they must have an understanding of both family interactions and the larger social context of which families are a part.

*Family Violence: Intervention Strategies* is one in a series of manuals based on the Draft *Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects*.* It is intended to increase professionals' and paraprofessionals' understanding of the nature, extent and alternative methods of treating family violence. This manual is designed with particular attention to the role of Child Protective Services (CPS) workers in working with violent families. Family violence often results in harm to children, and thus the involvement of CPS, the agency mandated to protect children, is crucial.

This manual includes information on: the nature, causes, and effects of family violence; identification of violent families; intervention strategies; and program development techniques. A number of types of violence in families are identified initially in this manual; however the focus is on interspousal abuse. Although it is recognized that family violence affects all family members, this manual will be largely concerned with the plight of the abused woman, and discussion of the victim will be stated in female pronouns.

---

* Other manuals in this series address related topics such as the role of various professional groups in preventing and treating child abuse and neglect; community planning; and self-help. Information about the other manuals in the series may be obtained from the National Center on Child Abuse and Neglect.

# I

# OVERVIEW OF FAMILY VIOLENCE

## NATURE OF THE PROBLEM

Violence among family members falls into a number of categories, including child abuse, spouse abuse, sibling violence, violence by a child against a parent, and violence against elderly family members. Often several of these types of family violence occur within the same family. Violent incidents in families are usually not isolated events; generally, family violence is intense, recurrent and will continue and possibly escalate unless there is some outside intervention.

### Child Abuse

According to the Draft Model Child Protection Act developed by the National Center on Child Abuse and Neglect, an "abused or neglected child means a child whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of the child's parent or other person responsible for the child's welfare." Information on accepted federal and state definitions of child abuse and neglect is available through local child protection agencies.

Child abuse may occur under a variety of circumstances. For example, the parents may be unable to discipline their children and may physically abuse them to enforce their wishes. Children may be viewed as family scapegoats and may be physically or emotionally punished for family problems. In some cases, children who attempt to intervene in a violent interchange between the parents may be assaulted, or a child may be harmed in the course of parental fighting. Parents who are abused by their partners and who cannot retaliate against the abuser may take out their frustrations by abusing a child.

### Spouse Abuse

There is no single, widely accepted definition of spouse abuse. For purposes of this manual, the terms "partners" and "spouses" are used interchangeably in reference to adults who are married or involved in an intimate relationship. Spouse abuse refers to brutality rather than to accidental or insubstantial physical contact. While it is recognized that spouse abuse can include any abuse between members of the same household, this manual will focus

primarily on battered women, since assaults by men on women are most common.

The perpetuation of spouse abuse in a relationship results from a complex interaction of socioeconomic factors, psychological factors, and societal attitudes. These are discussed in detail in Chapter II.

### Sibling Violence

Sibling violence, like spouse abuse, may involve assault by an aggressor on a victim or simultaneous fighting. Victim/aggressor sibling violence is most likely to occur when children are unsupervised and one child is attempting to exert authority over the other, often modeling parents' behavior. In other cases, children may assault a sibling as a result of resentment at having to sacrifice their desire to be with the parents in order to care for the sibling.

Simultaneous fighting between siblings most frequently occurs when the children are about the same age and have similar mental and physical capabilities. It may occur in supervised or unsupervised settings and is likely to escalate if it is allowed to continue.

### Child Assault Against Parent

Aggression by a child against a parent may occur under a variety of circumstances. For example, a child may use physical force in an attempt to break up a parental fight. Sometimes older children, particularly adolescents, are aggressive toward adults to challenge the adults' authority or to retaliate for violence by the adults against them. These aggressive behaviors may be modeled after the behaviors of violent parents.

### Violence Against Elderly Family Members

Elderly adults may be subject to abuse from other family members, especially as increasing age results in physical and mental weakness. Because of society's general inability to care for the elderly, many states have enacted adult protective services statutes which provide funds and legal protection for elderly adults who, in many cases, are incapable of protecting themselves.

## Forms of Family Violence

There are a variety of forms of violence which can occur between family members; the primary forms are physical violence and emotional abuse.

Physical violence includes any act or behavior that inflicts bodily harm or that is intended to inflict bodily harm. Physical violence against another family member may consist of kicking, hitting, shoving, choking, throwing objects, or use of a weapon. The severity of physical assaults may range from a slap across the face to homicide.

Emotional abuse may include ridiculing or demeaning a family member, withholding affection or privileges, and blaming him or her for family problems. It frequently occurs in conjunction with physical violence, but it may occur in isolation. Emotional abuse can be more damaging to the self-esteem of the victim than acts of physical violence.

Threatened violence is one form of emotional abuse; it includes: verbal expressions of intent to inflict bodily harm, whether or not the threats are carried out; wielding weapons; threatening gestures; injuring or killing family pets; and any other intimidating verbal or nonverbal behavior. Threats that are not carried out may result in severe emotional and psychological damage to the threatened family member; this is especially true if there have been previous violent episodes which make the threats credible. In fact, apprehension and uncertainty regarding physical assaults may sometimes be more damaging than the violent act itself.

## EXTENT OF THE PROBLEM

Family violence occurs in all socioeconomic, ethnic, racial and age groups. This problem may be more visible in low income families than in those with higher incomes because lower income groups are more likely to come to the attention of public agencies for other reasons. Victims of family violence who are in higher income groups may be reluctant to seek or respond to help because of concern regarding loss of social, career and economic status. In addition, victims with higher incomes are more likely to have other avenues for help--that is, they often have the funds available to escape and obtain housing.

Estimates regarding the number of families where violence occurs are generally believed to be low because many of these families do not come to the attention of social service agencies or law enforcement personnel and very few families self-report. Violent families are usually identified by neighbors, schools, hospitals or social service agencies only after the problem becomes severe.

Local and national studies suggest that the problem of family violence is widespread.

- The National Center on Child Abuse and Neglect estimates that approximately one million children are maltreated by their parents each year. Of these children, as many as 100,000 to 200,000 are physically abused, 60,000 to 100,000 are sexually abused, and the remainder are neglected.

- Physical violence which comes to the attention of law enforcement agencies occurs more frequently between family members than between any other individuals.

- National statistics document that in 1.8 million couples one spouse has abused the other.[1]

- A study in 1966 of 600 couples applying for divorce in Cleveland found that 37% of the women gave physical abuse as one of their complaints.

- In 1974, San Francisco police reported that 50% of their calls were for family disturbances.

- At Boston City Hospital, approximately 70% of the assault victims received in the emergency room are women who have been attacked in the home.

- Based on preliminary analysis of the national survey data, it has been estimated that one-sixth of all American couples experience at least one violent incident each year and more than one-fourth experience such an episode sometime during their marriage.

To summarize the extent of the problem of family violence, Straus has commented:

> The predominant position of the family as a setting for violence seems to apply to every

---

[1] M.A. Straus. *National Survey of Domestic Violence: Some Preliminary Findings and Implications for Future Research.* Prepared for hearings on "Research Into Domestic Violence," U.S. House of Representatives, Subcommittee on Domestic and International Scientific Planning, Analysis, and Cooperation, February 14, 1978, pp. 3-7.

> form of physical violence from slaps to torture and murder. In fact, some form of physical violence between family members is so likely to occur at some point in the life cycle that it can be said to be almost universal.[1]

## FACTORS CONTRIBUTING TO FAMILY VIOLENCE

Although it is impossible to isolate a single cause for the problem of family violence, there are a number of factors which, in combination, contribute to violent interaction patterns. These factors include societal attitudes, family dynamics, individual psychological factors, learned behavior patterns, and reduced ability to cope with stress.

### Societal Attitudes Regarding the Use of Physical Force

The use of physical force under certain circumstances is sanctioned by society, particularly in the name of protection, law and order, self-defense, and the national interest. Society's acceptance of the premise that "the end justifies the means" can be illustrated by its general endorsement of imposition of the death penalty, police enforcement, a world-wide military establishment, and the positive portrayal of physical force and violence in the media. In addition, societal attitudes tend to associate war with manhood. These societal attitudes sanctioning the use of physical force and violence sometimes extend to family interactions. For example, physical punishment is generally approved as a method of disciplining children, and the Supreme Court has sanctioned its use in schools. In addition, many people believe that it is acceptable to use violence to force their spouses to comply with their wishes.

### Family Structure and Roles

The stereotypic image of the family is characterized by love, affection, emotional support, and gentleness.[2] However, in reality every family experiences some conflicts among members. These conflicts are the inevitable result of the stresses of

---

[1] *Ibid.*

[2] S. K. Steinmetz. *The Cycle of Violence: Assertive, Aggressive and Abusive Family Interaction.* New York: Praeger Publishers, 1977, p. 3.

everyday living, the additional stress which occurs in periods of crisis, differences in the personalities and attitudes of family members, and extended time spent in a common space. However, families vary in their ability to handle conflicts once they arise.

In American society the traditional structure of the family has been patriarchal. As Blackstone stated in his famous *Commentaries* in 1765, "The very being or legal existence of the woman is suspended during the marriage, or at least is incorporated into that of the husband, under whose wing, protection and cover she performs everything." The subsequent behaviors this attitude and legal sanction have engendered are that of the male breadwinner and ruler and the female household caretaker. Frustrations for both partners occur as a result of rigid and idealized role expectations. The reluctance of all social institutions to intervene in family matters encourages and perpetuates spousal abuse.

As their ideal image of the relationship breaks down, abusive couples become locked into a pattern of continually escalating violent interactions. As tensions increase, often the partners react with behavior they believe will stabilize the relationship, behaviors which were frequently learned in their family of origin. These behaviors tend to aggravate rather than remedy the situation, and the dysfunction escalates. These couples often end family conflicts with physical force because this is their only method for relieving tension, for communicating, and for asserting control over the situation and the partner.

Societal attitudes, as well as the attitudes of individuals, reinforce the belief that family problems should be resolved in the privacy of the home. Thus, some families reach a point of tension and the primary way they know to resolve the tension is through the use of physical force. Attitudes about family privacy also deter friends, peer groups, or anyone outside the family from taking any action to ameliorate the situation. Frequently it is only when family violence becomes very severe that it attracts public attention; then the family may still not receive needed assistance due to institutional inadequacies.

## Learned Aggression

Research has demonstrated that adults and children will learn aggressive behavior if this type of behavior is sanctioned and reinforced. Behavior can be explained by a social learning theory in which modeling and consequences of observed behavior determine the type of behavior enacted. For example, in an experiment where

a number of children viewed a film where a doll was hit, a significant number of the children modeled their behavior after the aggressor when they played with the doll themselves.[1] This is directly related to children engaging in violent acts because they have witnessed their fathers abusing their mothers.

Research has shown that adults are capable of performing violent acts when they are given reinforcement. For example, in his experiments Milgram found that volunteers would willingly apply high-voltage electrical shocks to subjects when given reinforcement by the experimenter, even when they believed the subject was in pain.[2] If this is applied to spouse abuse it would imply that the woman's apparent inability to stop the battering as well as societal attitudes and male culture are reinforcing to the batterer and serve to perpetuate his behavior.

## Common Stress Factors

Stress also appears to be an important factor in episodes of family violence. Some stress factors may be chronic, such as financial instability or unemployment. Others may be the result of timing of specific family problems, such as periods of multiple crisis, where normal coping mechanisms prove to be inadequate. If the family has a history of violent interactions, additional stress is likely to result in increased violence.

The following are stress factors which can contribute to family violence.

- *Geographic Isolation*: Couples who live in isolated rural areas or who have moved away from family and friends may have no personal outlets and social support networks.

- *Social Isolation*: Some couples are extremely emotionally dependent on one another and/or expect that their spouse should adequately meet all of their needs. This type of extreme interdependency tends to exclude social contacts,

---

[1] A. Bandura. "Modeling and vicarious processes." In: *Principles of Behavior Modification*. New York: Holt, Rinehart and Winston, Inc., 1969, p. 128.

[2] S. Milgram. *Obedience to Authority. An Experimental View*. New York: Harper and Row, 1974.

intensify the relationship, and increase stress related to meeting the partner's needs and demands.

- *Economic Stress*: The unemployment or underemployment of a spouse may result in doubts regarding self-worth and may cause conflicts over financial matters. This is especially difficult if the husband, who is expected to be the "bread-winner," is unemployed or underemployed, because he is unable to (or perceives he is unable to) live up to his own and his spouse's expectations. Inadequate economic resources also result in inadequate housing, diminished social outlets, and external pressure from creditors.

- *Alcohol and Drug Abuse*: It has been suggested, but not yet adequately substantiated, that there is a correlation between alcohol abuse and family violence. Alcohol abuse may contribute to violence, especially as the abuser becomes more dependent on the alcohol and becomes more dysfunctional. Rather than actually causing family violence, it appears that the perpetrator may use intoxication as an excuse for violent behavior.

  Drug abuse has also been suggested as a significant contributing factor in some incidents of family violence. Violence may result from arguments about financing the purchase of drugs or during the "high" state of the perpetrator. Again, drug usage is often an excuse for, rather than a cause of, violent behavior.

- *Family Structure and Homeostasis*: Potential stress factors may include number and ages of children and the presence of children from previous marriages, all of which may increase the demands placed on parents. The influence of extended family members living in or out of the household often polarizes the spouses and creates loyalty conflicts, exacerbating and possibly perpetuating ongoing spousal strife. Any emotional or physical loss such as death or desertion may trigger more feelings of dependency and fearfulness, and diminish ability to cope with other stresses.

  In general any significant change in the family structure may be felt as stressful and may increase potential for violent resolution of tension. This includes job and career changes and sex role changes such as in household responsibilities. In addition the man may abuse his spouse due to his inability to adjust to the changes in the rigid patriarchal role expectations.

- *Medical Problems or Special Needs of a Family Member*: Special problems (such as hyperactivity, mental retardation, chronic physical illness or disability) may increase the dependence of a person on other family members and, thus, can result in stress.

- *Inadequate Parental Skills*: Lack of awareness of appropriate parental skills, conflict over parental roles, and chronic stress in managing children can contribute to family violence. If parents are unable to control their children adequately or derive enough emotional satisfaction from relationships with their children, stress may result.

- *Pregnancy*: Violence against the expectant mother may occur if the father is anxious about providing for the child, the child is not wanted, or the father believes the child is not his. Also in cases of unwanted pregnancies abuse may be perpetrated against the new child or other young siblings. However, any pregnancy can increase the likelihood of stress because, for example, the father may be jealous that he will no longer have the wife's complete attention.

## EFFECTS OF FAMILY VIOLENCE

It has been suggested in several studies that there is a greater chance that a child who is a victim of violent acts will tend to approve of or engage in violent acts as an adult. The victim will learn the roles of both victim and abuser simultaneously and may enact either at a later date depending upon situational factors. Gelles reports:

> The empirical data . . . on homicide, assault, child abuse, violent crimes, and violence between family members definitely tend to indicate that violent individuals grew up in violent families and were frequent victims of familial violence as children . . . In our own research we found that many of the respondents who had committed acts of violence towards their spouses had been exposed to conjugal violence as children and had been frequent victims of parental violence.[1]

---

[1] R.J. Gelles. *The Violent Home. A Study of Physical Aggression Between Husbands and Wives*. London: Sage Publications, 1972, pp. 169-170.

Thus the home becomes a "training ground" for violent interaction patterns. Research has shown that both victims and witnesses of violent acts against family members may identify with the aggressor. They observe that aggressors in a "love" relationship achieve their goals by using violence which may result in the observers' modeling the aggressive behavior themselves.

These patterns are then passed from generation to generation. Thus, spousal assaults represent serious long range problems for the community and the family, problems which extend far beyond the cessation of the immediate violence.[1]

Identification of the victim with the aggressor is more powerful when the aggressor is a role model, as in the case of parents or siblings. Parental aggressive behavior and violence are confusing to the child who receives nurturance, food and warmth from the same person. Children also learn other patterns of poor coping, insecurity, and ineffectual methods of interpersonal interactions.

In summary, most parents use the same child rearing strategies with their own children that their parents used with them. It follows that violent behavior tends to be passed on from generation to generation simply because people behave in the ways they learn in their families. There are few opportunities in our society to learn alternative child rearing skills or techniques for conflict resolution. It becomes apparent in adulthood that alternatives to physical violence have not been learned and, as punishment and other violent acts seem to be effective means of dealing with other people, alternative behaviors are not sought.

Exhibit I on the following page outlines some of the major effects of family violence.

---

[1] D. Owens and M.A. Straus. "The social structure of violence in childhood and approval of violence as an adult." *Aggressive Behavior*, V.1, pp. 193-211, 1975.

## EXHIBIT I

## EFFECTS OF FAMILY VIOLENCE

*EFFECTS ON ADULTS:*

- death (of either perpetrator or victim) by homicide
- death by suicide
- disabling injuries
- depression: (a) victim may become immobilized due to constant fear; (b) aggressor may lose sense of self worth and/or experience guilt over violent acts; (c) either may experience a range of psychiatric symptoms which add to their dysfunction and may require hospitalization
- difficulty in obtaining, maintaining, and adjusting to employment
- emotional abuse and deprivation
- breakup of family unit
- court fights regarding separation, divorce, and custody of children
- perpetuation of social isolation for fear of violence being disclosed
- continuing violence which will escalate if alternative behaviors are not learned
- recurrence of violent behavior with new partner
- expansion of violence into the community.

*EFFECTS ON CHILDREN:*

- death by homicide
- death by suicide
- emotional injuries, such as low self esteem
- depression
- aggressive behavior toward others/delinquency
- poor school adjustment (educational and peer adjustment)
- modeling behavior; learned victim/aggressor roles
- runaway episodes
- alcohol/drug experimentation
- early marriage
- continuation of violent behavior in their adult relationships
- expansion of violence into the community.

II

# IDENTIFICATION OF VIOLENT FAMILIES

## CHARACTERISTICS OF VIOLENT SPOUSES/PARTNERS

There are some characteristics commonly found in spouses involved in violent relationships. The presence of any one of the following characteristics does not necessarily indicate that violence has occurred or will occur. However, the presence of several indicates the need for assessing the possibility of violence.

One or both spouses/partners may:

- have rigid, stereotyped sex roles
- have low self-esteem and feelings of worthlessness
- idealize the marriage
- have been victims of child abuse
- have witnessed violence between their parents
- abuse and/or neglect their children
- have rigid family boundaries
- have inadequate parental skills
- have poor communication skills/patterns
- be both socially and emotionally isolated and withdrawn
- be extremely dependent on or possessive of each other.

## CHARACTERISTICS OF ABUSED WOMEN--VICTIM ROLE

Research has suggested that many abused women come from parental homes where battering occurred and as a result learned the victim role and had no choice but to accept it. Although it is still not known why women become involved in abusive relationships, several mental health and medical practitioners and sociologists have offered explanations.

Erin Pizzey suggests that a battered woman becomes accidentally involved in a violent relationship, and becomes economically and emotionally dependent. This woman is distinguished by possession of inner resources for escape and by her ability to respond well to external support. Alternatively, the violence prone woman is seen as being psychologically addicted to violence, as being abusive toward her children, and as having poor parental skills. Pizzey believes that it takes years of intensive support to wean this woman from violence.[1] In addition, Lenore Walker suggests, "That propensity to being a victim repeatedly is socially learned behavior that can be unlearned through systematic procedures designed to allow battered women actual power and control over their lives."[2]

Other characteristics such as passivity, dependency, rigid adherence to patriarchal sex roles, and emotional insecurity have been suggested. While these characteristics may be present in all segments of the population they tend to be exaggerated in the spouse abuse victim.

Finally the very low self-esteem exhibited by many abused women may be the result of the emotional abuse they suffer in their marriages. This emotional abuse usually occurs in addition to physical abuse; these women are ridiculed, threatened, told they are stupid, worthless, incompetent, bad wives, poor mothers. Often the emotional abuse is more damaging than the physical abuse because it tends to be self-fulfilling and self-perpetuating.

## Why Abused Women Stay

In general, abused women value their marriages and are intensively involved with their mates. Despite the abuse they suffer, some women feel love and/or loyalty to their mates. Others feel responsible for the man and believe that he needs them and the children. They often enjoy the relationship when abuse is not occurring; during these periods the man may be an adequate father and an affectionate husband. In addition, most abused women hope the man will reform, and abusing husbands reinforce this belief. They behave positively enough towards their wives to keep this hop

---

[1] E. Pizzey. "Comments on American tour." *Response*, May/June 1979, p. 2.

[2] L.E. Walker. "Battered women and learned helplessness." *Victimology*, Vol. 2 (3/4), 1977-1978.

alive. The husband's "good" behavior is not consistent, but is enough to keep the woman in the relationship. In addition, women may stay for the sake of the children, believing that any father is better than none.

Abused women are generally socially isolated. The women may have had valued social relationships with family and friends before marriage, but after marriage they are often denied access to these relationships because their husbands prefer that they stay home. Sometimes isolation is self-imposed because the women fear that their friends and neighbors will find out about the abuse. Their isolation also results in their being unaware of available helping resources.

Some abused women stay because of guilt about the failure of their marriages. They accept a major share of responsibility for this failure. In fact many women feel they have provoked the abuse. They are often too ashamed and embarrassed to admit they are being abused or to seek help, especially if their mothers were involved in similar relationships. Abused women are often fearful that this relationship is their "last chance" and thus they may stay even when they are at great physical risk.

Many abused women are too afraid of their husbands to leave. They fear retaliation against themselves, their children, their families or against those who help them.

Most women feel insecure at the prospect of being economically independent. They may not have educational or job skills and experiences and find few resources in social service and employment agencies to encourage them. The struggle for economic survival, alone or with children, may necessitate new housing, child care arrangements, moving to a new locale, finding a first or a new job. Although many women encounter these obstacles, they are even more insurmountable for the victimized woman who is already experiencing fear, guilt, and shame.

Many abused women view living without a man as only a partial existence. They have little or no self-confidence as a result of years of emotional abuse and display a sense of helplessness that is unrealistic in view of the capabilities they have demonstrated. They find security in the familiar, and feel that making a change involves too much risk. They fear loneliness if they try to live without a man, despite the loneliness and isolation they are experiencing within the confines of their marriages. In addition, the social stigma of failure in their relationship engenders shame.

Abused women are frequently misinformed or uninformed about their legal rights and about legal issues regarding separation, divorce, and child custody. Their shame and guilt often prevent these women from seeking such information, and even if they do obtain the information they often lack the strength and courage to take action. This lack of information prevents women from developing a pragmatic separation plan. Many women fear that their children will be taken from them if they separate. Alternatively, they may believe separation will be emotionally damaging to their children, especially if they themselves grew up in an unhappy home situation. Thus, in order not to "fail" as their parents did, these women often invest a great deal of effort in keeping their marriages intact.

There are also cultural and religious constraints regarding the sanctity of spousal relationships which deter a woman from risking a change. In some cases, divorce is simply not a culturally acceptable alternative. Again, the religious or cultural taboo in combination with a sense of failure may be sufficiently strong and intergenerational to prevent positive action and subsequent support.

Even skilled and professional interventions may perpetuate fears and ambivalence which make a new life seem a formidable challenge to the abused woman. Fears of physical retaliation, socioeconomic loss, loss of child custody, and other concerns mentioned earlier create a paralysis and maintain the status quo. Both the positives and negatives of making change seem so threatening that the woman is unable to move very far.

The exhibit on the following page outlines significant emotional and situational factors which cause women to remain in abusive relationships.

## CHARACTERISTICS OF ABUSIVE MEN

Sociologically and historically, the law and public opinion support the man's right to control his spouse by physical force. As John Stuart Mill wrote in *The Subjection of Women* in 1869:

> From the earliest twilight of human society, every woman. . .was found in a state of bondage to some man. . .The vilest malefactor has some wretched woman tied to him, against whom he can commit any atrocity except killing her--and even that he can do without too much danger of legal penalty.

## EXHIBIT II

## WHY WOMEN STAY

*SITUATIONAL FACTORS:*

- economic dependence
- fear of greater physical danger to themselves and their children if they attempt to leave
- fear of emotional damage to children
- fear of losing custody of children
- lack of alternative housing
- lack of job skills
- social isolation resulting in lack of support from family or friends and lack of information regarding alternatives
- fear of involvement in court processes
- cultural and religious constraints
- fear of retaliation.

*EMOTIONAL FACTORS:*

- fear of loneliness
- insecurity over potential independence and lack of emotional support
- guilt about failure of marriage
- fear that husband is not able to survive alone
- belief that husband will change
- ambivalence and fear over making formidable life changes.

History and literature are replete with examples of the attitude that men will be strong and protective and women weak and passive. Little has changed since Mill penned his essay. The myths of male dominance and female submissiveness continue to exist and provide a supportive backdrop against which some men routinely abuse their spouses.

Professionals involved in treating batterers are just beginning to recognize some common characteristics of abusive men. It is important to note that, due to the reluctance of batterers to seek treatment, these characteristics are based on work with a relatively small proportion of abusers. It is impossible to formulate a definitive profile of "the abusive male," and experts in domestic violence rely on a combination of characteristics.

Abusive men are found among all races, socioeconomic classes, and occupations. Most abusive men do not view their abusive behavior as their own fault. They tend to feel weak and powerless, resorting to violence to assure themselves of their own strength, control, and masculinity.[1]

Abusive men generally have intense, dependent relationships with their spouses. Their extreme dependency is expressed through their need for nurturance, comfort and constant reassurance. These men fear loss of the relationship and this fear reinforces their self-doubt. They also experience inner rage at having to be so dependent. As a result of their rage ad self-doubt, abusive men act in controlling ways to exert power and to deny their own weakness. For example, abusive men exhibit jealous and possessive behaviour and attempt to monitor all of their spouses' activities. These men lack other supportive relationships and maintain only superficial contact with persons outside the nuclear family.

Abusive men tend to have difficulty in identifying and appropriately expressing emotions other than anger. Anxiety, fear, frustration, even affection and intimacy are expressed behaviorally through anger. Although these men may have sufficient verbal skills to function in their work or in other relationships, they do not possess the verbal skills to express what they think or feel. In an infantile manner, they expect constant gratification from their spouses, who are expected to "know" what they want and need.

---

[1] J.B. Fleming. *Stopping Wife Abuse*. Garden City, New York: Anchor Books, 1979.

Abusive men generally minimize the seriousness of their violent behavior to themselves as well as to others.[1] They inconsistently experience remorse for their violent behavior, at times apologizing and pleading for forgiveness, at times blaming the victim.

Fleming and others note that many abusers were themselves abused in childhood.[2] At best, they come from dysfunctional family environments where appropriate problem solving was never observed. The male may subsequently identify with the aggressive parent, wanting to be like him and thus minimizing his own fears. He may also identify with the powerlessness of the victim and be frightened by the sense of dependency and inadequacy powerlessness creates. Since men have cultural support for physically aggressive behavior, beating their spouses becomes a way by which these men can minimize their own self-doubt, exert control over the source of their nurturance, and maintain a sense of balance, albeit a precarious one.

Since many battering men are usually charming and pleasant to others, and sometimes to their mates, there is no consistent negative reinforcement for their violence. They can pretend for long periods of time that their violent behavior is acceptable. Under this guise of approval, the violent behavior of these men will continue.

## Risk Factors for Abusive Men

Most abusive husbands are very concerned about maintaining their marriages. They often feel that their relationship with their wives and children is the only relationship where they are in control. If the wife attempts to leave, their response may range from pleading to harassment; some threaten to commit suicide, manipulating the wife's guilt to convince her to stay.

The point at which the wife attempts to separate from her husband is the point of greatest risk for her; however, it also presents risks for the husband. The exhibit on the following page presents some points of greatest risk for abusive men.

---

[1] A. Gailey and L. Harris. *Domestic Violence: Issues in Designing and Implementing Programs for Male Batterers.* Presented at the American Psychological Association, Toronto, Canada, 1978.

[2] J.B. Fleming. *op. cit.*

## EXHIBIT III

## POINTS OF POTENTIAL HARM FOR ABUSIVE MEN

- Wife has taken a passive role in previous incidents but now decides to fight back. Wife may be prone to use a weapon (gun or knife) in self-defense.
- Both spouses are actively engaged in fighting; husband as well as wife is at risk.
- Wife's extended family or friends may come to her rescue; this may result in incidents of physical assault, use of weapons, and/or homicide.
- Husband may be harmed during the course of a third party intervention, for example by law enforcement officers.
- Husband may attempt suicide at point of separation or when things are going poorly in the relationship.
- The cycle of abuse, attempted reconciliations, and failures adds to the man's feelings of emotional incompetence, worthlessness and failure.

## CHARACTERISTICS OF ABUSED MEN--VICTIM ROLE

It is generally believed that men do not frequently enact a pure victim role to the degree and extent women do. Several studies have attempted to measure the level of violence against men but have not differentiated between situations of pure aggressor/victim abuse and simultaneous violent interchanges, or of retaliation and self-defense by the woman.

There are statistics which indicate that men are sometimes victims of abuse. Steinmetz, in describing several studies, indicates that there were only minor differences in the number of violent acts committed by husbands and wives. In the study referenced in *The Cycle of Violence*, in a single year wives committed an average of 10.3 acts of violence against their husbands, while husbands committed an average of 8.8 acts against their wives. In another study from *The Cycle of Violence* it was estimated that approximately 3.5 million women and 250,000 men are battered by a spouse.[1]

Men who are physically abused by their wives find themselves in a double bind. If they respond to violence with violence they are perceived as "wife beaters" and, in addition, they may tend to cause the violence to escalate. If they do not fight back they may lose their self-respect. Many abused men are afraid or embarrassed to report spousal violence because they believe they should be able to control their wives' behavior. For this reason, it is a rare occurrence for a husband to take out an assault warrant against his wife prior to separation.

Although this concept is extremely controversial and not yet supported by concrete documentation, it is important to acknowledge that some women physically abuse their male partners in circumstances other than retaliation or self-defense. Since most women are weaker than men, repeated physical assaults, that is, using physical force alone, is unlikely. Further research regarding this form of spouse abuse is necessary.

---

[1] S.K. Steinmetz. *The Cycle of Violence: Assertive, Aggressive and Abusive Family Interaction.* New York: Praeger Publishers, 1977, pp. xvii.

## PATTERNS OF INTERACTION IN VIOLENT RELATIONSHIPS

### Dominant, Violent Husband/Overwhelmed Wife

In some relationships, the woman is overwhelmed by her husband's control and dominance. These women tend to be unable to protect themselves or their children against their husband's violence.

Steinmetz describes a process of brainwashing which occurs with this interaction pattern. It begins with isolation and fear. These women tend to feel guilty about the beatings and attempt to maintain equilibrium in the family. A degree of learned helplessness immobilizes them.

The economic and emotional dependence of these wives seems to result in submissive, overdependent behavior. Guilt and embarassment further reinforce their fear and isolation, while repeated beatings intensify their perceptions of themselves as worthless, incompetent, and responsible for the problems in the relationship, and sometimes even make them thankful that their spouses will continue to tolerate them. These women feel powerless to leave or to seek help. They may believe that, because they are at fault, they do not deserve better treatment. These attitudes in turn provide the batterer with a rationalization for his behavior. He believes his wife was "crazy," "out of control," and "not to be believed."[1] In this interaction pattern, the husband may feel less remorseful about his violent actions. He believes his actions are necessary to keep his wife in her place. Meanwhile, the wife is prone to project all blame onto herself. As the situation deteriorates, she becomes more immobilized and depressed. Children from these families are quite likely to be neglected, with older children delegated parental roles. The wife feels she could prevent the violence if she could change so as not to elicit her husband's rage.

The exhibit on the following page summarizes the characteristics of both partners in the dominant husband/overwhelmed wife relationship.

### Partners with Discrepancies in Perceived Sex Roles

The perceived discrepancy between sex role expectations and role performance of marital partners often contributes to spouse

---

[1] *Ibid.*, p. xix.

## EXHIBIT IV

## CHARACTERISTICS OF SPOUSES IN DOMINANT HUSBAND/ OVERWHELMED WIFE RELATIONSHIP

| *WIFE* | *HUSBAND* |
|---|---|
| • usually the abused | • usually the abuser |
| • promises to improve, placates spouse | • feels spouse deserves abuse |
| • may not function in household | • blames spouse for problems in household |
| • adheres to spouse's ideas about running household | • maintains total control over finances |
| • may be depressed | • feels spouse is crazy, out of control |
| • attempts to meet spouse's demands | • has unrealistic expectations and makes continuous unrealistic demands |
| • projects total responsibility onto herself for relationship | • feels spouse is responsible for all problems in relationship |

abuse. A wife functioning adequately as the home caretaker may trigger the man's sense of incompetence in his perceived role as provider and husband. This sense of inadequacy and jealousy may cause the husband to increase efforts to establish dominance and control in the relationship through hostility and aggression. These couples are locked into a pattern of a never-ending, and usually escalating, battle to prove equality or superiority.[1]

Many abused women function more adequately in their relationships than their partners. Quite often the woman is more capable in terms of education, occupational attainment, and social skills than her spouse.[2] Thus, the husband may feel inferior and incapable of living up to his own or his wife's expectations. In this pattern, the wife is generally allowed to perform the bulk of the family maintenance functions. As the abusive spouse feels inadequate and becomes less responsible, he often allows the woman to completely run the household; however, as a result she is held accountable for all the arrangements of the household and is blamed for all mishaps.[3] This may be extended to situations over which she has no control. For example, she may be ordered to make a colicky baby stop crying; if she cannot, she may be abused.

The abused wife often attempts to change her husband's behavior, believing that if he could change, the relationship would be satisfying. She accepts total responsibility for achieving change in her husband's behavior and may not acknowledge that this sense of responsibility for the relationship contributes to continuation of violence.

The exhibit on the following page summarizes this pattern of violent spousal interaction.

## Pattern of Simultaneous Fighting

Generally in situations where both partners participate equally in physical violence, both evidence low self-esteem. They are usually

---

[1] E. Herman and C. Pittman. *op. cit.*, pp. 10-12.

[2] R. Gelles. *The Violent Home. A Study of Physical Aggression Between Husbands and Wives.* London: Sage Publications, 1972, pp. 122-124.

[3] E. Herman and C. Pittman. "Intervention." Paper presented at the Conference on the Family: Perspectives for Intervention, Mt. Vernon Center for Community Mental Health, April 1978, p. 5.

## EXHIBIT V

## CHARACTERISTICS OF SPOUSES WITH DISCREPANT SEX ROLE PERCEPTIONS

*WIFE*

- usually the abused
- assumes responsibility for change in husband after incident
- higher occupational potential than spouse
- more capable than she perceives
- held accountable by spouse for any mishaps/problems in family functioning

*HUSBAND*

- usually the abuser
- usually remorseful after incident
- lacks verbal/social skills
- lower level of occupational attainment than perceived or actual level of spouse
- perceives himself as inadequate provider, husband, and father
- relinquishes responsibility for family functioning and blames spouse for problems in household
- believes he cannot live up to his nor his wife's expectations

emotionally dependent on each other to an extreme degree, but at the same time do not attribute any positive qualities to the other. There may be a high frequency of substance abuse in these couples. The partners often view the other as responsible for family problems and project responsibility for their own behavior onto their spouse.

Family violence is often accepted as a normal way of life by these couples. Physical violence in these families may take the form of hitting, punching, throwing objects, and/or assault with weapons. In the event of a third-party intervention in a violent incident (for example,, by a law enforcement officer), the intervenor will not be perceived by either partner as helpful and may well become the target of an attack.

Violent episodes between these partners are not usually followed by the "honeymoon period" which is typical in some other families with violent patterns of interaction. The couple may separate occasionally for brief periods of time but will usually reunite and continue active fighting. These partners are generally dissatisfied with themselves and with other family members; their expectations are unrealistic and their needs never met. If children are present in these households, they may be severely neglected.

Exhibit VI summarizes the characteristics of partners in a relationship where there is simultaneous fighting.

## THE EFFECTS OF FAMILY VIOLENCE ON CHILDREN

Spouse abuse may begin during pregnancy, with the husband concentrating his blows on the woman's breast and abdomen. It seems clear that the pressures on the husband have increased with the pregnancy and that he is really expressing hostility toward the child or towards his wife because she is not as attentive to him as in the past. The woman may become hostile toward the child as a result, and this feeling may subsequently affect the mother/child relationship. Consequently, it is not only the adults in spouse abuse situations who suffer. The children in these families are often observers or victims of violence as well. As the observer, the child may feel a sense of guilt and responsibility for the violence and may act out through truancy, sickness or other behaviors to draw attention away from the spousal violence.

Eventually, during the course of family violence, a hand is likely to be raised against a child. Children may become targets in the fury of an attack. They are safe targets because they are not

## EXHIBIT VI

## CHARACTERISTICS IN A RELATIONSHIP WITH SIMULTANEOUS FIGHTING

Husband and wife share common characteristics including:

- both may initiate violence
- both generally fight back
- both may abuse drugs/alcohol
- both have aggressive fighting styles
- both resent any third party intervention
- both evidence low self-esteem
- both have unmet dependency needs
- both project blame onto spouse and others
- both may have peer approval or sanction for violent acts
- both may abuse their children.

strong enough to fight back and generally cannot seek help outside the family.

Children may suffer physical harm in cases where they attempt to help the abused spouse. The victim may even turn on the children to vent anger and frustration after suffering abuse herself. Children may also be abused when a spouse is jealous of attention that is given to the child by his partner; this often results in anger, and violence may occur. Alternatively, children may be neglected because the parents lack energy to cope with their needs due to the emotional strain of the marital relationship. In any of these cases, the child may be victimized, frequently suffering long-term physical and emotional effects.

## Child Maltreatment as a Result of Spouse Abuse

There are various types of child maltreatment which may result from incidents of family violence. They inclde physical abuse, emotional abuse, neglect, and sexual abuse.

### Physical Abuse

Physical abuse to the child may occur:

- during the course of parental fighting, when violence shifts directly onto the child
- accidentally during the course of parental fighting (for example, if a mother drops her infant during a fight or a parent accidentally hits the child)
- when a frustrated parent projects blame for his or her marital problems onto the child
- when the disappointment in the relationship shifts to disappointment in the child
- when a victim of family violence cannot retaliate against the abusive spouse and takes her aggressions out on the child
- when the abusive spouse includes the child, as well as his partner, as a target for violence.

## Emotional Abuse

Emotional abuse of children in violent families may occur more often than physical abuse and may cause severe psychological damage to the child. For example, the child may be made to feel responsible for the parents' marital problems and for their violent behavior. In general, children in a violent family will experience emotional abuse, deprivation and potentially long lasting psychological problems.

## Neglect

Children may be neglected due to the parents' lack of energy or inability to meet their needs. Neglect of the child may take the form of emotional deprivation, lack of supervision, failure to provide adequate medical care, or failure to provide adequate nutrition.

## Sexual Abuse

Sexual abuse of children, most commonly father-daughter incest, may be sanctioned in some violent families. The female spouse may be aware of the incestuous activity but does not intervene in order to avoid retaliatory violence to herself or unwanted sexual demands. A spouse may also not be aware of the sexual abuse because of her own preoccupation with survival and safety from her spouse's violence. Because of a sense of guilt, responsibility, fear and confusion the child may not reveal the incest for a long time.

## Characteristic Behaviors of Children Who Experience Family Violence

There are some behaviors commonly found in children who are reared in families with violent interaction patterns. They include:

- Role reversal. Often an older child is forced to accept responsibility for care of younger siblings and of the household due to the parents' inability to fulfill these functions. This child may never have had the opportunity to participate in normal childhood activities.

- Aggressive behavior. Some of these children may act in an aggressive manner at home and in school, toward other siblings, children, animals, and adults. This behavior may also include destruction of property and/or theft.

- Violence towards parents. When these children become adolescents or adults, they may turn on their parents.

- Running away. These children may run away, perceiving this as their only alternative for escaping an unbearable home situation.

- Truancy. These children often fail to attend school. They may believe that if they stay home their presence will keep the fighting under control, or that peers will recognize their physical and emotional deprivation and sexual abuse.

- Shy, withdrawn behavior. These children may not interact with others. As this behavior seldom attracts attention, these children may not be identified as troubled.

- Substance abuse. Older children from violent families may engage in excessive use of alcohol or drugs. This behavior is often modeled after the parents' behavior, and is perceived as a psychological escape from their problems.

- Abusive behavior. When these children become adults they may abuse their own children and/or spouses.

## PERPETUATING THE CYCLE OF FAMILY VIOLENCE

There is a real danger that children will learn aggression and that it will become part of their pattern of behavior. Research studies, child abuse literature and family theorists also indicate that violent patterns of behavior are transmitted from generation to generation. Findings have suggested that abused children often become abusive parents and abusive spouses. Children who observed their parents or other significant adults engage in physical violence often learn these behaviors and reenact them when they become adults. In addition, many adults who abuse their spouses were abused as children and/or observed physical violence between their parents.

Violence as a pattern of learned behavior appears to be acquired by exposure, observation and sanction within the family. It seems that the repetition of the violence is also due to the lack of any other observed or learned stress responses within the family system. Although a person who has been battered as a child often has intense negative feelings about the parents and their behavior, contradicting these negative feelings are feelings of love for and

identification with the parents. Children may take the learned abuser or victim role as adults. In addition to learning violent behaviors, the children also learn adaptive or survival behaviors by which they can avoid being abused. Both the abuser and victim roles are available in children's behavioral repertoires and they find a partner who is also susceptible to enact these roles.

Generally, the male child who experiences family violence will initially identify with his mother and have intense negative feelings about his father's violent behavior. As he gets older, the child may attempt to intervene in violent episodes. In addition to this, the older male child in the family may serve to meet some of his mother's needs and may take on some of the father's role. He may become his mother's confidant and supporter. The prepubescent male child often becomes his mother's favorite; as a result, she may be very concerned about his development. The relationship between mother and son may thus be quite close, while communications between father and son are very poor.

As the male child reaches late adolescence, however, he may become violent, rebellious, and out of control. In his attempts to break out of the very close relationship with his mother he may become abusive to her, as he begins to identify with his father. He may also begin to drink to excess, damage property, and behave violently to younger siblings. He may become abusive if he is involved in a heterosexual relationship. The mother, to her horror, may find herself in a relationship with her son which is similar to that with her husband. The son may assume he should exert control, resulting in a power struggle between him and his mother as he attempts to become the "man of the house."

Girls who have witnessed violence between their parents may take either the victim or the abuser role, depending on the circumstances. Girls whose mothers enact only a victim role will generally model this role themselves. Often they assume child rearing responsibilities for younger children. If the mother is too overwhelmed or depressed to care for the siblings, the older daughter may miss school to care for them. The daughter may resent this role but will rarely express anger. She usually attempts to please her parents but is often unable to meet their needs. During violent episodes, she may make an effort to protect the other children. The daughter's role as surrogate mother and mediator often makes her a potential victim of incest. These girls may be quiet, shy, and withdrawn. There is a probability that, without intervention, they will become victims of violence.

Alternatively, girls who have witnessed violent parental interactions may have behavioral problems. These children may project their problems in the classroom and behave violently to peers or siblings. As they approach adolescence, many of these girls run away from home, abuse drugs, and/or become sexually indiscriminate. All of these behaviors suggest an attempt to escape from an emotionally and physically deprived situation.

Girls who have experienced family violence often marry early to escape an unhappy family life. They tend to believe their marriage will be better than their parents' marriage. Their image of marriage is often based on the perfect television family and they believe this is how their relationship will be. Unfortunately, they may find themselves in an unsatisfying relationship, often with an abusive spouse. They tend to have the same rigid stereotyped expectations of roles as their parents. When reality does not correspond to their expectations, they become disappointed. The cycle of family violence then repeats itself as these young women find themselves attempting to deal with the stresses and strains of motherhood and a marital relationship at an early age.

# III

## INTERVENTION--BEGINNING STAGES

Although environmental and attitudinal factors can affect the degree of violence within a particular family, the cycle of family violence, if uninterrupted, tends to escalate with increasing risk to the safety of family members. Various points at which intervention occurs within the cycle of family violence may require different intervention strategies and/or receive different family responses. For example, the Child Protective Service (CPS) worker's (or other intervenor's) approach with a family where violence is just emerging may be quite different from the approach with a family that has a long-standing pattern of family violence. And the family's response to the intervenor may range from total denial of the problem to a desire to receive assistance in changing the family's situation. Thus, the family members' responses frequently are dependent upon the phase of the cycle of family violence which they are experiencing when intervention occurs.

The phases of the cycle of violence are described by Lenore Walker[1] as: the tension building phase; the explosive or acute battering phase; and the calm, loving respite or honeymoon phase. The cycle varies in length of time between episodes and in the intensity of the episodes; it also varies among different couples and within a particular relationship. However, it is the third phase that strongly reinforces the victim's hope that the relationship can be salvaged, and, as such, successful intervention at this point to prevent future family violence is very difficult to accomplish. Both spouses tend to deny the extent of the family's problems, believing that no further violence will occur between them. As a result, they view any assistance with the problem as unwarranted. They also fear disruption of the family unit. The exhibit following this page depicts the cycle of family violence.

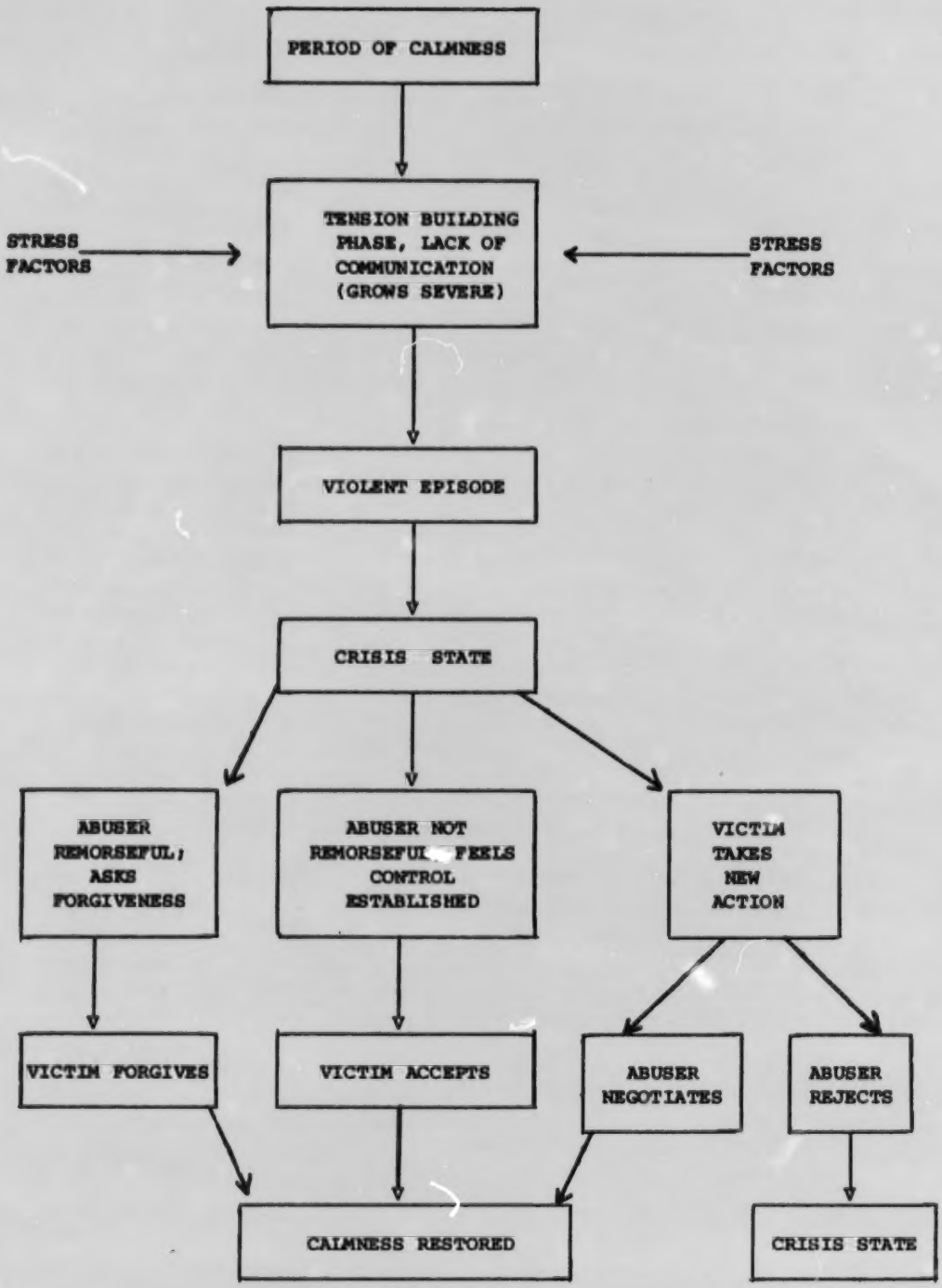
It is also important to note that the violent family, particularly during the first and third phases of the cycle of violence, may come to the attention of human service agencies to receive assistance for other family problems, such as assistance in managing their child's behavior. At these points in the cycle, the family may not perceive past violent acts as having any relationship to

---

[1] L. Walker. "Battered women and learned helplessness." *Victimology. An International Journal*, 2(3/4), 1977-1978, p. 532.

EXHIBIT VII

ESCALATION OF VIOLENCE



the current presenting problem. Or the family may be much more concerned about resolving the current problem than they are about past violent behavior. In many cases, the problem of family violence remains hidden from human service agencies until the second phase of the cycle erupts or until the victim and abuser reach a crisis state.

It is important for professionals to consider the possibility of family violence occurring within any family, whenever they have contact with family members. Questions should be asked about how the family handles conflicts, even though these questions may not appear directly relevant to the family's presenting problem. The violent family may or may not reveal past incidents of violence, but CPS workers should watch for indicators of violent family interactions and arrange for appropriate services as needed.

## HOW FAMILY VIOLENCE COMES TO THE ATTENTION OF COMMUNITY AGENCIES

Within a particular community, situations of family violence may come to the attention of a number of different human service agencies (for example, CPS, schools, hospitals and mental health) and to law enforcement personnel. If effective assessment and intervention does not occur at the point when the violence emerges (the second phase of the cycle), the likelihood that the violent acts will recur with greater intensity is increased, as is the potential physical and emotional harm to any children within the family.

Situations of family violence can come to the attention of the community in a variety of ways including through:

- Careful screening by a human service agency of a family's request for help with other personal or family problems
- Specific questioning on the part of a helping professional (for example, a physician or social services worker) as to the cause of a physical injury
- Specific questioning on the part of a juvenile court worker regarding a troubled youth's family situation
- A report of family violence made by the child to a teacher, a friend, or another individual
- A report of family violence made by a neighbor, a family friend, or a relative

- A discovery made during a CPS investigation indicating, for example, that both child abuse and spouse abuse have occurred, or that what initially seemed to be a situation of child neglect is also a situation of family violence

- A call by the victimized spouse to the police to request help during an act of violence

- Help sought by the abused spouse to alleviate the problem of violence from: a community agency, such as a mental health center, Department of Social Services, or the courts; or from an individual such as the family physician or a local clergyman

- Help sought by the abused spouse from local women's groups, family violence task forces, crisis centers and hot lines

- Help sought by the abusive spouse--frequently after the victim has filed an assault warrant or has initiated separation.

When one party in the relationship decides to take action to remedy the situation, this action will generally be perceived by the family as a crisis. However, this is often the point at which intervention has the best chance of success; that is, family members are more willing to accept other service alternatives.

It is usually the abused woman who seeks help from a community agency, usually for emergency shelter. She may be seeking information regarding separation and/or financial assistance. If her intent is to remain with her spouse, her goals are usually avoidance of further violence and restoration of tranquility to the relationship.

If she has been pushed by others into bringing the situation into the open, she may be ambivalent about taking any action. Abuse of the children by the violent spouse may be the impetus for the wife to take action that she formerly thought was drastic.

Whether calling the police, swearing out an assault warrant, consulting an attorney, or separating will produce positive changes or further aggravate the situation is dependent upon family dynamics and the outcome of the action. It is important to remember that even a small change, for example when the abused spouse obtains a new job or returns to school, if perceived as a threat by the abusive spouse, may precipitate a family crisis.

## Referrals to CPS

Families are referred to child protective services when there is suspicion of abuse or neglect of the child; spousal abuse may not have been identified or even suspected. It is the responsibility, then, of child protective workers to assess the family's situation in regard to spousal abuse. Some discrete indicators of spousal violence include:

- history of miscarriages
- history of or recent increase in prescriptions for tranquilizers
- history of or recent increase in excessive use of alcohol
- repeated visits to emergency rooms for medical treatment for injuries or illnesses
- signs of ongoing stress, such as headaches, gastrointestinal ailments, or vague "not feeling well" complaints
- contacts with community mental health agencies or other psychiatric facilities
- suicide attempts by either spouse
- nonprescription drug abuse
- self reported isolation from friends and family, for example, "No I don't go out much anymore, I'm too busy at home."

When one or more of these indicators is present in a family, the worker should question further as to the existence of spousal violence. However, the presence of these indicators does not necessarily mean that spousal abuse is occurring in a particular family.

## ASSESSMENT AND CRISIS INTERVENTION

Generally, the first step in the intervention process is to assess what has motivated a family member to seek aid; most often the family member seeking assistance will be the female spouse or an adolescent child. It is essential to obtain a complete picture of

how *family members* perceive the situation. It is important to remember that violent episodes may be triggered by something which seems to the professional to be a minor problem, but which, in actuality, may be of great consequence to the family. On the other hand, violent episodes that are viewed by the professional as crises may be a normal way of life for the family.

## Assessment of the Level of Danger--The Crisis Assessment

In family violence situations, professionals must be able to assess whether a family member is in imminent danger. The presence of the following factors, which indicate high risk to family members, should be assessed by the CPS worker immediately. A family history, if available, will also provide valuable information to assist with the assessment of the current danger.

### Abuser Profile

- Presence of weapons
  - -- Are there weapons available to the abuser?
  - -- Has the abuser used weapons in previous episodes?
  - -- Has the abuser made previous threats with a weapon?
  - -- Is the abuser threatening to use a weapon?
- Presence of alcohol or drugs
  - -- Is the abuser intoxicated when threatening his or her spouse?
  - -- Has the abuser been violent during "high states" in the past?
  - -- Do family members fear that they will be harmed when the assailant returns home intoxicated?
- Presence of suicide threats
  - -- Is there a past history of psychiatric hospitalization or treatment resulting from episodes of violent behavior?
  - -- Has the abuser threatened to kill himself and family members?

- Presence of violence outside of the immediate family
  - -- Has the abuser assaulted extended family members?
  - -- Has the abuser assaulted friends?
  - -- Has the abuser assaulted strangers?
  - -- How many times has the abuser assaulted others and how serious were the injuries?
- Presence of previous court involvement
  - -- Does the abuser have a court or prison record?
  - -- Does the abuser have previous assault records or charges?
  - -- Is the abuser on probation?
- Presence of sophisticated knowledge of the legal system
  - -- Has the abuser manipulated the legal system previously?
  - -- Does the abuser know the terms and degrees of court sanction and for which behaviors court action can be initiated?
  - -- Does the abuser respect the law?
- Presence of intimidating behavior
  - -- Does the abuser follow his spouse?
  - -- Does the abuser threaten family members and friends?
  - -- Does the abuser make threatening phone calls?
  - -- Does the abuser threaten to assault or kill his spouse?
  - -- Has the abuser attempted to kill any member of his family previously?

- Presence of previous violent espisodes

  -- When did the last incident occur?

  -- What was the severity of the last incident? What was the outcome? Was the abuser remorseful?

  -- Was legal action undertaken?

## Victim Profile

When assessing the level of risk to the victim, the following factors may indicate that the abused spouse is in imminent danger:

- Presence of previous abuse

  -- Has the victim been abused previously?

  -- Has the victim been abused by her current partner?

  -- How severe were previous injuries? Was hospitalization required?

- Presence of previous legal action

  -- Has the victim called the police before?

  -- Has the victim initiated court action before? Has she followed through with court action?

- Presence of previous separations

  -- Has the victim separated from her spouse before? How many times? What was the outcome?

- Presence of limited ability to make decisions or function effectively

  -- Does the victim seem to be able to develop a workable plan to avoid future violence or is she immobilized?

  -- Are there barriers which prevent the victim from developing a plan?

  -- Does she have a place to go in emergencies?

- Presence of suicidal thoughts and behaviors

  -- Does the victim have self destructive thoughts?

  -- Has the victim ever attempted suicide? If so, what was the plan and method?

  -- Does she experience depressions? How does she behave when she is depressed?

  -- Does the victim have access to weapons or drugs?

  -- Is she currently receiving any mental health treatment or prescribed medication?

- Threats to children

  -- Have the children suffered abuse in the past?

  -- Does the victim plan to take the children if she separates? Has she made an appropriate plan?

  -- What is the best plan for the children?

- Potential for violence by victim

  -- Does the victim have access to weapons for use against the abuser?

  -- Does the victim believe that she could harm the abuser when angry? If so, how?

  -- Does the victim plan to fight back? If so, how?

Developing a composite assessment based on these situational factors will help to determine whether any or all family members are in imminent danger. It is important to determine if there are any mitigating conditions, such as the presence of family members or a third party, which could prevent violent behavior.

If there are a number of risk indicators present in a particular family, some type of intervention is usually required. The type of intervention, of course, is dependent on both the level of risk and the cooperation of the family or family member. If there is a high degree of risk, one or a combination of the following intervention strategies may be appropriate:

- Emergency shelter for the abused spouse and children
- Law enforcement involvement
- Court action
- Commitment of the abuser to a psychiatric hospital
- Removal of the children from the home.

The appendix summarizes some factors to be considered during crisis assessment.

## Assessment of the Level of Danger--Past History of Violence

Whenever possible, it is extremely helpful to obtain a history of previous violent episodes and of the stresses which have had an impact on the family. By obtaining this information, the professional may be able to assess the potential for future violent episodes. When interviewing the family or individual family member it is important to be frank with them and to ask specific questions about the violent incidents; that is, what happened prior to, during, and after the episode. It is advisable to interview each family member, and, if possible, to talk with them privately. Extended family members should also be interviewed to gain additional information.

In addition to the basic elements of a social history, the family history should include the following information:

- The composition of the nuclear and extended family
- Any incidents of violence which occurred in either partner's family of origin
- Any incidents of the partners' being abused or neglected as children.

The information gathered will assist in assessing the family's strengths and weaknesses. It should provide the professional with an indication of whether the extended family will sanction or disapprove of remedial actions such as separation. It will also help to identify stress points for the spouses and potential catalysts for violent episodes.

## Assessing the Safety of Children

The level of risk to children in situations of family violence must be assessed immediately. Children are more likely to suffer harm:

- When violent episodes are recurrent
- Upon separation.

In situations in which violent episodes are recurrent and attempts to remedy the situation are not successful, an assessment of the risk to children should be made. The following are some situations of potential risk to children.

- When weapons are either accessible or used during violent episodes
- When one adult has been hospitalized or required medical treatment due to injuries suffered during a violent incident
- When either partner has threatened to harm the children
- When the children have been abused in the past.

Generally, threatening and/or attempting to separate presents the greatest risk of harm to family members. If the abused spouse decides to separate and leave the children with her partner, it is essential to assess the potential danger to the children. If children are left alone with the abuser, they may be at risk, especially under the following circumstances.

- When the children have been abused in the past
- When the abuser has never been responsible for the care of the children and resents them
- When the abuser threatens the children or absconds with the children in order to pressure his spouse to return
- When the spouse having custody of the children has alcohol/drug problems or mental health problems or exhibits violent behavior.

It is usually CPS workers and sometimes law enforcement officers who are responsible for assessing the child's immediate safety in

the home, and for taking any steps necessary to protect the child from harm. If it has been determined that the child is in imminent danger, emergency placement which requires legal action and involuntary removal should be undertaken as a last resort. Alternatives to taking the child into protective custody should be assessed. The following are some alternatives to emergency removal of the child.

- Court commitment of the abusive spouse if he is a danger to himself or others
- Temporary placement of the children with relatives or friends
- Respite care (for example, crisis nurseries or foster care) to provide for the children and allow the parents time to make decisions about appropriate action
- Emergency shelter for the abused spouse and children.

For further information regarding assessment of risk to the child and emergency placement, readers are referred to another manual in this series entitled, *Child Protective Services: A Guide For Workers.*

## Assessing Situations Where Children Become Violent

If children (who have been reared in either a violent or nonviolent home) behave violently and their behavior is handled inappropriately, their violent behavior is likely to continue and escalate. Children, particularly adolescents, may be as violent as adults, often not recognizing the potential hazards of their behavior. Thus, it is important to assess the extent and intensity of the child's violent behavior both within and outside the home. In conducting the assessment, it is helpful to obtain the following information from both the parent(s) and the child:

- The child's perspective of the problem
- Stress factors which are related to the violent behavior
- Activities which reinforce the child's behavior.

If the child's behavior is out of control, third-party intervention may be required. Often just knowing that the violence is unacceptable is enough to help the child stop his or her violent behavior. The CPS worker should involve all family members in attempts to

prevent the child's violent behavior. The worker should encourage the parents to take nonviolent action when the child's behavior is out of control. Parents should be taught new methods of disciplining the child.

When working with violent families, the CPS worker should ensure proper linkages with other mental health, social science, and educational agencies which will help both the child and the family to modify their violent behavior. A psychiatric evaluation of the child and the family is recommended to develop the most appropriate intervention plan. Subsequently, counseling and psychotherapy, teaching alternative positive behaviors, assigning a Big Brother or Big Sister to the child, and exploring new avenues for attention and recreation can be supportive steps in ameliorating the violence.

Alternatively, the parents may file a petition in juvenile court charging the child with assault, or as in need of supervision. If the parents are unwilling or unable to take action to control the child's violence, the CPS worker may file a petition in court for temporary removal of the child. If the child has assaulted someone in the community, the victim may file charges against the child, whereupon the child may be immediately detained. All of these actions are most relevant to adolescents.

## INITIAL ROLE OF THE INTERVENOR

Intervention is more likely to be effective when family members perceive the situation as a crisis; the fact that others have become aware of the violence is often, in itself, a crisis for the family. It is the CPS worker's or other professional's task to use the crisis in such a way as to maximize the opportunity for positive changes in the family situation. In this process, the CPS worker should help the family calculate the risks involved and take appropriate measures to assure safety when necessary.

The initial crisis-oriented role of the CPS worker is to:

- Determine the precipitant of the crisis (or of the referral to the CPS agency) through information gathering and observation

- Offer support to all family members, calming them, defusing the situation, and making use of the opportunity for intervention

- Assess the potential for harm to all family members as outlined in the previous section.

Due to the delicate and volatile nature of violent families, the CPS worker must use several intervention techniques simultaneously, as follows:

- *Ensuring safety*: In some cases, it is necessary for the CPS worker to take action on behalf of one or more family members. This would occur in situations where a family member is in physical danger and where the family is unable to protect its members. For example, when a CPS worker is involved in a case where interspousal violence presents an imminent danger to the children or to the abused spouse, the worker should take action to protect both the abused spouse and the children by providing a safe shelter.

- *Active listening*: When intervening in situations of family violence it is essential to listen to each family member's perceptions of the problem, to solicit the information needed to develop an adequate assessment and appropriate plan, and to display empathy and concern.

- *Supportiveness*: Since victims of family violence experience a great deal of frustration, confusion and pain, they require both emotional and concrete support in order to make needed decisions in their lives. The CPS worker can support family members by being empathic and by being sensitive to their needs. They should also be available to the family and should maintain a nonjudgmental attitude. The CPS worker should be supportive of the decisions family members are attempting to make, for example, whether they decide to stay together or to separate, without making the decisions for them.

- *Facilitation*: As a facilitator, the CPS worker assists the family members in making appropriate decisions and plans. A crucial part of this process is helping the family become aware of the pressure points in their lives that may cause violent episodes. Another aspect of the facilitator role is to assist family members in setting priorities for action. This is especially important because people experiencing family violence often have a number of factors to consider and may be overwhelmed by the complexity of the situation. The CPS worker can thus assist the family

members to determine what steps need to be taken to alleviate problems in the family.

In addition, as a facilitator the worker should help family members talk to each other, sharing their feelings, ideas, and concerns. It is essential to recognize that family members may be ambivalent about the situation and may need assistance in weighing the advantages and disadvantages of possible actions.

- *Advocacy*: In situations of family violence, the victim may not be knowledgeable about available alternatives and resources. CPS workers should explore with family members services available within the community and should discuss the advantages and disadvantages of each. After all potential options have been discussed, the CPS worker should allow family members to make their own decision regarding which alternative is the most appropriate. The worker should serve as the link between services, ensure follow-up from other agencies, and reach out to family members.

It is important to remember that families may be receptive to services only during the crisis phase. Intervention should focus on helping the family handle the crisis adequately. If families are unwilling to work toward long range goals once the crisis is alleviated the intervenor should not pressure them but should make it clear that helping resources are available if they want to use them. However, in situations where potential harm to the children continues after the crisis has been alleviated, it is necessary to monitor the family in spite of their resistance.

For further information readers are referred to another manual in this series entitled, *Crisis Intervention: A Manual for CPS Workers*.

## INITIAL RESPONSE OF THE FAMILY TO INTERVENTION

The family's response to intervention may vary depending upon a number of factors. The family or a family member may deny the existence of any problems and be resistant to help; or the family or a family member may be extremely receptive to help.

### Potential Risk to CPS Workers

Since situations of family violence are potentially volatile they can present a substantial risk to the CPS worker. CPS workers may

be at risk especially in situations where the abusive spouse perceives their actions as a threat to the family unit.

FBI statistics for 1974 indicated that one out of every five law enforcement officers killed in the line of duty died attempting to break up a family fight.[1] National statistics indicate that more police injuries are incurred in responding to domestic violence calls than any other category of police call, including robbery in progress.

To minimize potential personal risk, CPS workers should interview clients in a neutral, safe setting; have a colleague present when interviewing a spouse abuser; and use agency supervision in making service plans. The responsibility for intervening in situations of spouse abuse should be shared whenever possible.

## Fear

The family members' fear of intervention may result from a number of concerns. The victim may fear that the spouse will retaliate with further violence that is directed toward the children or the CPS worker. The victim may also fear that intervention (for example, court action or separation) will result in loss of career status for the abuser, loss of income, or loss of custody of the children. On the other hand, the abusive spouse may fear the consequences of possible court action and may thus be amenable to outside help in order to avoid appearing in court and suffering the consequences of his actions. The children may fear separation from the family. Thus, family members' fears may act either to inhibit or produce changes in the family situation.

---

[1] *Battered Women, Issues of Public Policy.* A Consultation Sponsored by the U.S. Commission on Civil Rights, Washington, D. C., January 30-31, 1978, p. 8.

# IV

# ONGOING INTERVENTION--DEVELOPING AND IMPLEMENTING A SERVICE PLAN

## INTERVENTION ALTERNATIVES

Situations of family violence usually demand a variety of immediate and ongoing services. CPS workers or other professionals should assist family members in identifying, defining, and stating their most pressing needs first. It is then the task of the CPS worker to use and build upon existing strengths and resources in the family, the extended family, and the community to help meet these needs. The exhibit on the following page describes the process of planning and implementation of services.

Family members may require considerable assistance in identifying their personal strengths and resources. However, this assistance can convey to family members that they are capable of making some positive changes in their situation, a capacity that they often have not recognized before.

### Assistance from Extended Families

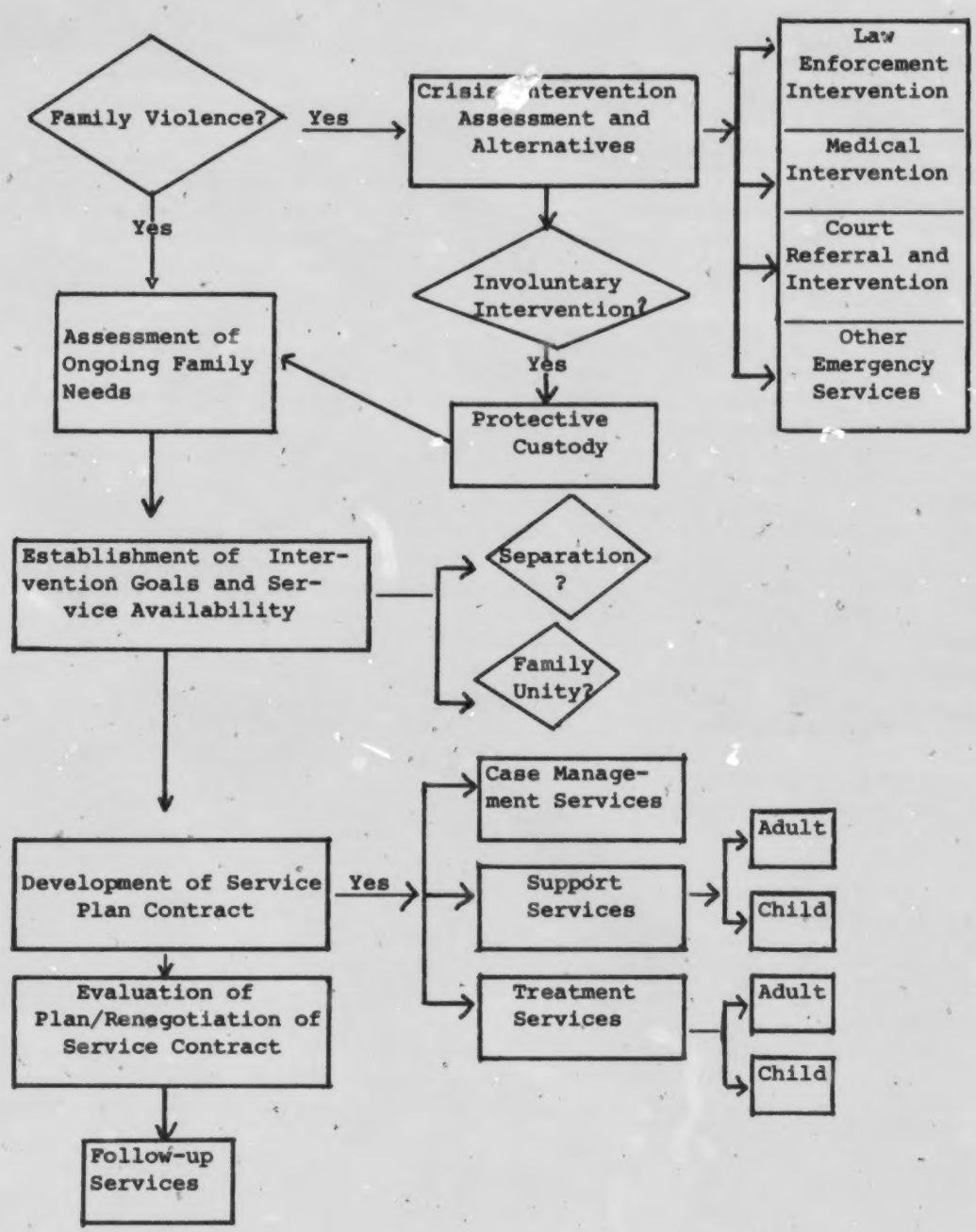
The extended family may or may not be a resource for the family. However, it should be determined whether extended family can be of help in developing and implementing the service plan.

When a wife and mother is the victim of spouse abuse, extended family members may be able to provide housing for her and her children. If they are willing to do so, they should be assured that the situation is temporary and that the woman will receive assistance in relocating and becoming financially independent. The intervenor should also provide intensive support for extended family members and help them to cope with any stress resulting from the abused woman's presence in the household. The family should be informed that it is illegal for the abusive spouse to enter their residence without their permission and that they may call on the police if necessary, to remove him from their property.

It should be the abused spouse's decision to stay with extended family. She may have a sense of shame or failure that her marriage has broken up which makes her anxious about facing her relatives. Also, if there is imminent danger to the woman or her family, it is advisable to refer her to an emergency shelter.

EXHIBIT VIII

SERVICE PLANNING AND IMPLEMENTATION



In some cases, turning to the extended family for support may not be helpful (or may even be detrimental) for the abused woman. They may downplay the violence and encourage the woman to return to her spouse and try to work out the problems at a time when it may be unsafe for her to do so. In an effort to reunite the couple, the extended family may even disclose the woman's location to her husband. Sometimes violent behavior is sanctioned by extended family members as part of a normal relationship.

Extended family members may be reluctant to shelter the woman because they fear she will become an economic burden or that the abusive husband will retaliate against them. In other situations, the woman may not be living near her family and may be geographically isolated from former support networks.

## Community Services

With regard to the use of community resources, the CPS worker needs to have knowledge about: existing services; the appropriate use of these services; key contact persons; emergency and regular referral procedures; any limitations of the resources (for example, waiting lists, eligibility requirements, cultural or language barriers); and the law with regard to domestic violence.

In cases of family violence, the following services represent those that are most frequently needed by the family:

- Child protective services
- Crisis intervention (24-hour availability on a telephone and walk-in basis)
- Police intervention
- Medical care (emergency and ongoing)
- Emergency shelter for abused spouse and children
- Child care (emergency, ongoing and respite)
- Legal services for both spouses' protection
- Court services
- Alcohol/Drug treatment (residential and outpatient)

- Financial assistance, such as Aid to Families with Dependent Children (AFDC)
- Employment services (career counseling, job training and placement)
- Supportive counseling
- Mental health services
- Permanent housing
- Family planning
- Volunteer outreach
- Transportation.

In addition to the CPS worker being knowledgeable about these services, it is essential that the family be given, whenever possible, service choices and alternatives. Advantages and disadvantages of specific services also need to be shared with the family. The family members' participation in the service decision making process is critical if services are to be successful.

Exhibit IX indicates the types of agencies that may become involved with and/or be resources for the violent family and with which the CPS worker should be familiar. Some of these agencies are particularly helpful at points of crisis; others are needed on an ongoing basis. A family benefits from having a case manager serve as the focal point for coordinating needed services and for facilitating the delivery of these services. In addition, the case manager serves as a monitor--monitoring the agency's usefulness to the family as well as the family's use of the agency.

## Crisis Services Following Initial Intervention

Family violence is most likely to occur when all members are at home, often during evenings or weekends. It is at these times that the stresses of the family tend to escalate, possibly erupting into a violent episode. Since most service agencies are closed in the evenings and on the weekends, it is critical for the CPS worker or other intervenor to develop a plan of action for the family members to follow when they experience mounting stress or violence.

Alternatives that can be explored with the family include: calling a 24-hour hot line, mental health resource, or law enforcement

## EXHIBIT IX

## AGENCIES AND SERVICES FREQUENTLY NEEDED FOR VIOLENT FAMILIES

| *CRIMINAL JUSTICE SYSTEM* | *POSSIBLE SERVICES* |
|---|---|
| • Law Enforcement Agency | • Crisis intervention<br>• Arrest of abuser<br>• Related assistance<br>• Referral |
| • Magistrate | • Warrant for arrest |
| • Civil Courts | • Protective custody of child(ren)<br>• Psychiatric commitment<br>• Orders for medical and/or psychiatric care<br>• Hearings for assault, separation, divorce, child custody and visitation<br>• Protective orders<br>-- injunctions and restraining orders<br>-- peace bond<br>-- torts<br>-- court conciliation/ mediation |
| • Criminal Courts | • Arrest warrant<br>• Arraignment<br>• Preliminary hearing<br>• Plea bargaining<br>• Trial for assult<br>• Imprisonment<br>• Fine<br>• Probation |
| • Legal services | • Consultation regarding spouses' legal rights<br>• Advice regarding filing arrest warrants, petitioning the court for separation, divorce, child custody and visitation<br>• Representation in court<br>• Advocacy with welfare and other agencies |

## EXHIBIT IX (Continued)

## AGENCIES AND SERVICES FREQUENTLY NEEDED FOR VIOLENT FAMILIES

| *HUMAN SERVICE SYSTEM* | *POSSIBLE SERVICES* |
|---|---|
| • Department of Social Services | • Child protective services<br>• Financial assistance<br>• Child care<br>• Homemaker services<br>• Counseling<br>• Respite care for children<br>• Foster care and residential treatment<br>• Payment for emergency shelter; security deposits for apartments<br>• Transportation |
| • Mental Health Agencies | • Crisis counseling<br>• Family outreach<br>• Assessment for psychiatric care/commitment<br>• Individual, marital, family, and group psychotherapy<br>• Therapy for children and adolescents<br>• Partial hospitalization (therapeutic day care) |
| • Hospitals | • Alcohol or drug detoxification<br>• In-patient psychiatric treatment<br>• Emergency medical care for adults and children |
| • Public Health Agencies/ Private Physicians | • Pre- and post-natal care<br>• Well-baby care<br>• Dental care<br>• Family planning<br>• Outpatient medical care |

EXHIBIT IX (Continued)

AGENCIES AND SERVICES FREQUENTLY NEEDED
FOR VIOLENT FAMILIES

| *HUMAN SERVICE SYSTEM* | *POSSIBLE SERVICES* |
|---|---|
| • Employment Agencies/Services | • Career counseling, job training and placement; vocational rehabilitation; adult education |
| • Alcohol/Drug Treatment Agencies | • Residential treatment<br>• Outpatient counseling<br>• Services for other family members<br>• Self-help groups (AA, Al-Anon) |
| • Volunteer Agencies | • Emergency food, clothing, and shelter<br>• Transportation (emergency or support)<br>• Support groups<br>• Recreation<br>• Socialization<br>• Hot lines<br>• Women's advocacy and Counseling groups |
| • Housing Services | • Emergency shelter/crisis housing<br>• Second-stage housing (structured environment to assist in transition of separation from spouse<br>• Third-stage housing (group home or adult foster home setting)<br>• Assistance with securing affordable, permanent housing |

agency; staying with a friend or relative; or seeking medical assistance or emergency shelter. If at all possible, the CPS worker should help the family to identify an outside party to whom they can turn for assistance, support, and, if necessary, transportation. The potential victim also needs specific information about available law enforcement and medical services.

## Law Enforcement Intervention

Traditionally, a law enforcement agency is called to intervene in a domestic quarrel or fight because of its status of authority and 24-hour availability; they, of course, are the primary agency to intervene because abuse of a spouse is considered assault and thus is against the law. It is important that the CPS worker be aware of, and make the family aware of, the limitations of this agency as well as its usefulness as a resource.

Most localities classify assault and battery as a misdemeanor. This often requires that the law enforcement officer, before taking legal action, be a witness to the assault. Typically, however, the violence has ceased before the law enforcement officer arrives. In addition, the abuser may deny that any violence has occurred. Police often do not believe the victim, and bruises and statements made by the victim usually are not sufficient for making an arrest unless the extent of harm is severe, such as in a case of felonious assault.

The law enforcement officer will advise the victim of the right to file an assault warrant, and may attempt to mediate a cooling off time. The officer's intervention is usually over at this point. In some areas, however, law enforcement officers are receiving training specifically related to their responses to family violence. They are being encouraged to refer families to appropriate agencies and/or to offer the victim transportation to the magistrate's office for the purpose of filing a warrant. In situations where the victim has fled the home, they may offer to notify the victim when the spouse will be arrested, so that a brief return home can be made safely to pick up the children and/or belongings. If potential victims are informed in advance of possible law enforcement intervention activities, they will know what to expect and what types of assistance to request.

## Civil Remedies

As an alternative to criminal action against the abusive partner, abused women may initiate civil actions. In a civil action, the victim is, in effect, asking the court to grant her relief of some

sort. She may request money in compensation for damages or a court order, such as an injunction, restraining order, or peace bond. Injunctions and restraining orders prevent the abuser from imposing restraints on the victim; threatening, attacking, or disturbing the peace of the victim; or entering the family dwelling or dwelling of the victim. Peace bonds may be obtained if the abusive partner has made threats against his spouse or other members of the family. He will be arrested and brought before the court where, if the judge believes there is basis for the peace bond, the abuser will be asked to post a specified amount of money; he will forfeit this money if he violates the peace bond.

There are some disadvantages to the use of civil action against an abuser. The woman must usually hire her own attorney or be able to qualify for legal aid. In addition, the effectiveness of protective orders as deterrents depends primarily on the abuser's respect for the law; if he is seriously intent on hurting his spouse, the loss of money or a fine may not be enough of a deterrent, and the threat of a jail sentence may not be taken seriously.

## Medical Intervention

Victims of family violence are often fearful of using hospital emergency services or securing care from a physician. They fear that this action will result in further violence from their spouses; that their spouses will learn of their action; that the report of injury will affect their spouses' insurance; or that the abuse will become public.

If medical intervention is initiated or sought, the victim often will not report the actual cause of the injury. Yet it is this type of report, along with hospital photographs and other data, that can be of great assistance to the victim. For example, such evidence can support a victim's later decision to press charges against the abuser and/or secure a legal separation.

For these reasons, and also to safeguard the victim's physical health, the CPS worker needs to thoroughly explore this service area with the family. Potential victims should be encouraged to discuss their fears and the advantages of obtaining medical services for themselves and for their children. A step-by-step plan for the family to follow in case of a medical emergency should be developed with the victim as part of the overall service plan.

## Involuntary Intervention

Certain situations (either new or already known to the CPS worker) may require involuntary intervention. These are situations where the CPS worker (or other individual) suspects or knows that a child's or an adult's life is in danger and voluntary services to correct the danger are refused. Involuntary intervention requires adherence to specific state laws and court procedures, for example, those that govern the exercise of protective custody of a child or a psychiatric commitment of an adult.

In cases where there is danger to the child, it is the responsibility of the CPS worker or other professional, such as a law enforcement officer, to initiate involuntary intervention. In other cases, such as the initiation of psychiatric commitment, the CPS worker may assist the concerned spouse in developing and carrying out a commitment plan. It is important to point out that an abused parent who is unable to protect her children may request to have her children placed temporarily.

## Alcohol Abuse Services

The role of alcoholism in spousal violence is a controversial one. Some believe that alcoholism is the primary cause of spouse abuse, while others believe that excessive use of alcohol only provides the abuser with an excuse for abdicating responsibility for his behavior. Generally, alcohol tends to break down the abusers' tenuous inner controls; and their irrational, impulsive behavior often results in violence. In addition, there is some societal acceptance of "acting out" while under the influence of alcohol; the batterer, thus, becomes culpable only for drinking, not for the subsequent behavior.

According to Fleming,

> by pleading drunkenness, wife beaters and their families can deceive themselves as to what is really going on in their own homes. . .Even a battered wife can avoid seeing her husband as a wife beater, thinking of him instead as a heavy drinker or alcoholic.[1]

It is not known how many abused women have turned to excessive use of alcohol in their despair. The problem has been observed enough, however, to alert all service providers to assess whether the abused spouse drinks excessively.

---

[1] J. B. Fleming. *Stopping Wife Abuse.* Garden City, New York: Anchor Books, 1979, pp. 291-292.

The problem of alcoholism greatly affects therapeutic intervention. Some programs will accept male abusers who are alcoholics. Others will only treat the alcoholism and not the violent behavior. And still others do not inquire about the use of alcohol in the family. It is important, however, to assess in detail the problem of alcoholism in a particular family and to make every effort to provide treatment for the alcoholic. Treatment must encompass the entire range of problems experienced by the individual

## Other Support Services

In addition to the agencies and services included in Exhibit IX, the case manager should help the family to consider use of other support services. These include:

- *Self-Help and Support Groups*: These groups can be helpful for both victim and abusers. The peer support counseling offered in these groups helps to reduce social isolation and to create a forum for sharing common problems and for learning about community resources. Usually, a group consultant is available to intervene if a crisis or specific problem area arises during the course of the group session.

- *Budget Counseling*: This service is critical for a family which is having difficulty managing its finances, or for a spouse who is in the process of separation or divorce.

- *Parent Education*: This service can be helpful to many families, particularly those who are experiencing disciplinary problems with their children or who are at-risk of abusing or neglecting them.

  Parent education may include:

  -- basic education about the stages of child development, behavior, and developmental tasks

  -- a laboratory approach that uses modeling behavior to demonstrate alternatives to coping with a child's maladaptive behaviors, setting limits, and disciplining the child

  -- a support group which allows parents to share frustrations and experiences in dealing with their children, and which demonstrates to them that their problems are not unique

-- an opportunity for observation of the children and reinforcement of positive parent-child interaction

-- positive experiences for the parents, such as field trips and workshops

-- special sessions to help parents deal with difficult child rearing areas, such as toilet training

-- activities to implement at home with reports made back to the group.

In addition, it is important that both fathers and mothers be encouraged to participate in parent education. It also may be helpful to group parents together according to the ages of their children so that similar experiences can be shared.

## SERVICES FOR CHILDREN AND YOUTH

The case manager needs to give equal consideration to the service needs of each child in the family. A child who has witnessed, suffered from, or initiated family violence usually requires specialized intervention. Services for children and youth may include:

- Day care (emergency, therapeutic, ongoing)
- Foster care/respite care
- Physical health care
- Mental health (play therapy; art therapy; individual, family, group counseling)
- Companion advocacy (Big Brother, Big Sister)
- Structured communication programs for adolescents
- Employment/vocational training
- Group home/residential treatment.

Due to the psychodynamics of violent families, the case manager may find families resistant to children's participation in specialized

services. However, this is a critical component of both crisis and ongoing service planning and implementation.

For further information on meeting the service needs of children in violent families, readers are referred to two other manuals in this series, *Early Childhood Programs and The Prevention and Treatment of Child Abuse and Neglect* and *Treatment for Abused and Neglected Children.*

## IMPLEMENTING A WORKER/FAMILY SERVICE AGREEMENT

With a clear perspective of basic intervention goals and services that may be helpful for the family, the CPS worker (or other case manager) needs to establish a worker/family service agreement. Family members must actively participate in the development of this agreement.

A working agreement of this nature joins the worker and the family together in determining goals and tasks relevant to problem solving for the family and each individual involved. This agreement may be verbal or written, and should be nonthreatening to the client. The CPS worker must be careful not to overwhelm the client with the magnitude of tasks necessary to accomplish the stated goals. The goals should be simply and clearly stated, and tasks to accomplish them should be clearly specified.

In order to achieve successful implementation of this service agreement, the worker may need to assume the roles of: educator for the family, referral resource, facilitator, mediator, and/or advocate, as discussed previously. The worker may also need to use various techniques and activities associated with these roles. They may include:

- listening to each family member's perceptions and feelings
- giving information
- providing support and encouragement
- discussing alternatives, as well as the advantages and disadvantages of each
- mediating between the family and appropriate resources
- obtaining emergency assistance

- presenting the needs of the child to the parent, the school system, and others, as needed

- reframing the situation so that the family members can see beyond their emotional perceptions

- helping the client(s) deal with feelings of incapacity

- reinforcing positive decisions and behaviors.

This working agreement should be re-evaluated and renegotiated periodically. Each progressive step needs to be reinforced by the worker with credit given to the appropriate family member(s). In addition, the worker needs to develop a plan for follow-up services to determine whether members of the family need further intervention.

## SERVICE IMPLEMENTATION/TREATMENT

In some cases of family violence, the impact of intervention at the time of crisis will result in substantive, positive changes for the family. Most often it is the abuser who refuses services for himself, the abused spouse, and the children. In some cases, an abused wife may refuse CPS services and seem reluctant to accept aid. However, any ongoing violence in the home may be viewed as emotionally neglectful or abusive of a child, and the CPS worker should intervene to protect the child. Although victims may seem to resist CPS intervention at first, they often become more cooperative as the case progresses. At a minimum, the CPS worker needs to inform families of the services (criminal justice and human services) that are available to assist them in the community. Finally, there are other cases of family violence in which the families desire ongoing, longer-term services.

The CPS worker may assume the role of case manager and provider of emotional support for family members. Unless the CPS worker has sufficient time, training, and skill in providing ongoing services, the families should be referred to public or private mental health resources or other resources listed in Exhibit IX for treatment.

The following represent the treatment modalities most frequently used with violent families.

- *Crisis intervention*: Crisis intervention skills are needed in the initial intervention and throughout the case

as crises recur. For detailed guidelines on crisis intervention, the reader is referred to another manual in this series entitled, *Crisis Intervention; A Manual for Child Protective Workers.*

- *Individual Counseling*: This modality is most useful and likely to be sought at the point of family crisis when the individual family member needs to be helped to focus on immediate decisions. Individual counseling should be continued when other family members refuse to participate in treatment and/or the individual is not able to benefit from group or family therapy, or as a supplement to other forms of therapy.

- *Family Counseling/Therapy*: This modality is most useful when violence involves the entire family but has lessened in its intensity. It provides the family with the opportunity to alleviate other areas of family stress and to reduce rigid family boundaries.

- *Group Counseling/Therapy/Support*: Group work is useful for the victim, the abuser, and the children in violent families. It provides the opportunity for them to receive peer encouragement and support, solve unique and common problems, develop new skills, and make decisions.

- *Marital Counseling/Therapy*: This modality typically uses contracts with couples to work on specific problem areas. It is essential for the counselor to remain neutral and non-judgmental, holding each spouse accountable for his or her role in the problems the couples are experiencing. Violent behavior should never be sanctioned or excused.

- *Follow-Up*: Families need to be followed for several months after treatment has terminated. Supportive services often are necessary to maintain the family's or family member's progress. Families that separate need follow-up services to ensure that the pattern of violence does not repeat itself in a new relationship.

## Overcoming Barriers to Service Planning and Implementation

Financial and legal obstacles often seem the most formidable to the abused spouse in taking action to separate from the abuser. When the victims decide to continue the marital relationship, they frequently do not know where and how to obtain support and treatment services for themselves, their children, or their spouses.

At the present time, many service agencies that attempt to deal with the problem of family violence may aggravate, rather than ameliorate, the potentially dangerous situation.

## Financial Constraints

- Dependency on spouse's income. Abused women are often under severe financial constraints, especially when their only source of income is the income of the abusive spouse. They often have been out of the job market for extended periods of time and frequently have few marketable skills. In addition they may have no established credit rating of their own. These financial constraints often constitute a substantial barrier to separation. Women who decide to leave their husbands often undergo financial hardship while they attempt to find employment and adequate housing.

- Public financial asistance (emergency and ongoing). Women who separate may have access to some types of financial assistance, but there are numerous barriers and complexities connected with them. An initial inquiry by the CPS worker should be made regarding the woman's eligibility for emergency financial assistance offered by some Departments of Social Services. This immediate financial assistance will help in obtaining needed shelter and food and will allow the client further time to make plans

  Women with children may be eligible for ongoing public assistance through Aid to Families with Dependent Children (AFDC). To apply for AFDC funds, the woman must be separated and have an address different from her spouse. She must provide documentation to verify eligibility (such as a birth certificate). She must also convince the agency that she is no longer receiving any of her husband's income. This is a substantial issue for the middle or upper income woman. If she left home hastily it is unlikely that she will have the necessary papers. She must also have the children with her, although it is not necessary that she have sole legal custody of them when she applies.

  Determination of eligibility may take up to 45 days, especially if the woman does not have all the necessary documents. While the application is being processed, a food order may be issued to sustain the family until the AFDC grant is approved. Qualification for AFDC may also entitle the woman to receive a security deposit for a house or apartment.

- Housing. If the woman is not employed and receives only public assistance, many landlords may be unwilling to rent to her; and most rents may be beyond the amount of assistance she receives. If she applies for low income housing, there is usually a long waiting period for available units. She may be able to move in with someone with whom she can share expenses, or there may be a family member or friend who will cosign a lease with her. However, if her family and friends also have limited incomes, this is very unlikely. Many battered women find these barriers too difficult to overcome; they may stay with family or friends until they have exhausted all possible housing alternatives, at which time, frustrated and unable to secure housing, they return to their husbands.

- Employment. Many abused women are underemployed or unemployed, and some have been out of the job market for many years. Although job training and placement are advisable in these cases, reliance upon shelters and public assistance should continue until a reasonable employment plan can be made.

- Other financial needs. An abused woman will have need of assistance for obtaining child support, alimony, child care services, attorney's fees, and counseling. Some of these may be available through public resources; the CPS worker should be fully advised regarding availability of these resources for quick linkages.

Sometimes because women fear they will have difficulty locating housing and because they want to avoid displacing the children, they will leave the children at home while they attempt to secure housing and employment, hoping to take the children with them later. This generally does not work to the woman's advantage. As an adult who is not disabled, she is usually eligible for only limited financial assistance and in some cases only food stamps. If the woman does not have marketable job skills she often finds herself in a situation where it is impossible to demonstrate to the court that she is financially able to provide a secure situation for her children. In some instances, she may be charged with abandonment in a custody battle.

The fact that she left her children is also detrimental to her case, although it may have been in the best interests of the children to temporarily remain with the father. In these situations, women often return home because they are financially unable to maintain themselves and the children on a limited income and, thus, custody is awarded to the father.

The CPS worker (or other intervenor) can help the abused woman to avoid some of these financial problems by working with her to develop a feasible plan prior to separation. Arrangements should be made so that the woman can take all necessary documents with her when she leaves in the event she needs to apply for public assistance. In addition, she may be encouraged to obtain employment prior to separation. The CPS worker can also serve as an advocate for the woman after separation, helping her to obtain needed financial aid and housing.

## Legal Constraints

Abused women who are considering separation or legal action against an abusive spouse are generally in need of legal advice. In many cases, these women require knowledge of legal procedures, such as filing an arrest warrant or protective order, separating from their spouses, or gaining custody of their children. They may also need information on their legal rights regarding incidents of violence against themselves or other family members. When they begin to seek legal advice, the victims often discover that they are not eligible for legal aid services. If they are living with their husbands, the men's income may make them ineligible although the women have no access to money. They often find they will not be eligible for legal aid unless they leave their husbands and establish a separate residence. In many instances, women who are told they are not eligible for legal aid services do not have the resources or perseverance to seek the information elsewhere.

CPS workers (or other professionals who become involved with abused spouses) can, in many instances, provide these women with general information on pertinent legal procedures. However, it is often necessary for abused women to have access to an experienced legal advisor who can explain all their legal alternatives and the implications of each. CPS workers may approach local attorneys about providing *pro bono* services or services without fees to abused spouses. If there are already legal aid services available, they should be encouraged to provide abused spouses with legal services to the extent possible and to refer noneligible people to other legal information services. Similar legal aid is available to the abuser regarding his rights and responsibilities in both civil and criminal proceedings. Some jurisdictions also have self-help aid for abusers.

V

# LEGAL ISSUES

In cases of spouse abuse, many women are reluctant to take what they believe is drastic action against the abuser. However, where the victim does decide to take some action against the abuser, there are a number of legal issues and processes which are important. Legal remedies are either civil or criminal. In either instance, the abused or abusive spouse should be referred to a competent attorney for specific legal advice.

## CIVIL ACTIONS AND REMEDIES

Civil actions request the court to grant relief in the form of a court order. A private attorney must represent the client in these cases. Each state has its own definitions and options for civil remedies and CPS workers should be familiar with them. Some general civil remedies include:

- restraining orders and injunctions
- tort actions (a wrongful action committed by one person against the other which may yield damages to the victim)
- peace bonds (which may also be filed criminally); to "keep the peace" a warrant for arrest will be issued
- psychiatric commitment
- legal separation and divorce.

## CRIMINAL ACTIONS

Spouse abuse is a crime, technically punishable under the law. Pursuing criminal action, although within the rights of the victim, often seems complex and frustrating to her.

Criminal actions generally include:

- Filing charges against the abusing spouse through the police and other *locally designated* officers of the court (such as court commissioners, county attorney, magistrate)

- arrest warrant
- arraignment, or the process whereby the accused is charged with the crime and makes a plea
- preliminary hearing, or the hearing held to determine probable cause that the crime has been committed by the defendant
- plea bargaining
- trial.

It is important for CPS workers to know how their local jurisdictions handle these procedures. Some general information is included in the following discussion.

## Filing a Criminal Complaint To Initiate Court Action

Any woman who is assaulted by her spouse has the right to file an arrest warrant or complaint against the assailant. It is advisable to have someone accompany the abused spouse during this process to serve as her advocate and to validate her charges. Once an assault warrant is filed, the abusive spouse is generally picked up by the police and taken before a magistrate or other appropriate official. The abuser will usually be released on his own recognizance if he is employed and has a permanent address, and if the magistrate does not believe he represents any danger to himself or his community. Thus, it is quite possible that the abuser may be home within a few hours of the time he was picked up, and his spouse may be in even greater danger of violence after he returns home.

Aside from increased danger of violence by an angry spouse, there are other barriers to women who attempt to file assault warrants. Magistrates and court intake officers are often unsympathetic to spouse abuse victims; in most cases they do not believe that these women will follow through on their complaints. In addition, if the husband does assault his wife again after he returns to the home, her only recourse is to file another assault warrant.

Assaults on family members are handled in the same way as any other crime once a warrant is filed. The victim and abuser are assigned a court date which may be weeks away. If the woman is still living at home during the period between filing the warrant and the hearing, she will be under a great deal of pressure from her husband to drop the charge, and many women eventually drop charges due to fear and ambivalence. The impending court action

may trigger further violence against the woman, especially if the husband is knowledgeable about the legal system and aware that there will most likely be only minor penalties for his actions. In addition, the victim is usually nervous about relating her experiences publicly, undergoing cross-examination, and generally reliving a bad experience.

Despite the barriers connected with it, filing an assault warrant can have positive results. The threat of court action may prompt the abusive spouse to make temporary or permanent positive changes in his behavior. Filing a warrant may be the first step toward making a change in the family's situation whether it leads to an improved marital relationship or to separation.

## Procedures During the Criminal Court Hearing

When the court hearing is held, the abuser is the defendant. He has the right to counsel and may delay the hearing if he arrives without an attorney and requests that one be appointed. In this event, the hearing will be rescheduled for a later date.

The abused spouse, as the person who filed the complaint or warrant, is represented by the state's prosecuting attorney. She should make every attempt to discuss her case with the prosecuting attorney prior to the hearing. Unfortunately, these cases are often perceived by the attorney as a low priority and an imposition. If the victim does have an opportunity to discuss her case with the attorney representing her, she and the CPS worker should work with the prosecutor to help him or her understand what the victim hopes to accomplish by the court action. The CPS worker or other professional can help prepare the woman for this by discussing her alternatives and possible court dispositions with her.

## Dispositional Alternatives

The judge has a variety of dispositional alternatives in spouse abuse cases. Once the judge hears both sides of the case, he or she can:

- refer the case for investigation by court personnel, a CPS worker, or a social worker from another unit of the Department of Social Services
- hold the case open for six months and give the husband a suspended sentence

- specify conditions for probation of the abusive spouse
- impose a restraining order or peace bond on the abusive spouse
- order that both parties receive counseling
- order that the abusive spouse undergo psychiatric examination
- refer the abusive spouse for substance abuse counseling or treatment
- impose a fine
- impose a prison sentence in very severe situations.

The most common dispositions are probation and suspended sentences. Thus, if the abusive spouse has respect for the law, court action may be helpful to alleviate family violence; however, if he does not respect the law, his wife is likely to continue to be at risk. Before court action is initiated, its usefulness should be assessed with consideration given to likely dispositions, attitudes and past actions of the abusive spouse, and the potential of court action to either improve or aggravate the situation.

## SUPPORT FOR THE ABUSED SPOUSE

A woman who is taking legal action against her spouse requires support throughout the court process. The following factors should be taken into account regarding the complainant's ambivalence in these proceedings:

- fear of reprisal or escalated violence
- fear of loss of income in the event the abuser is imprisoned
- fear that court action will be detrimental to the abuser's or her own career
- emotional pressure from the abusive spouse to drop the charges
- fear of and lack of knowledge about the court process and about what will occur

- concern about involving children and other family members in an arduous trial.

Separation may be necessary in cases where court action is pending, with a subsequent decision regarding a permanent separation. The CPS worker should help the abused spouse to assess the need for separation, especially in cases where the initiation of court action might trigger further violence.

## ISSUES REGARDING SEPARATION

If the abused spouse decides to separate permanently from her husband, there will be a number of legal issues to be considered. Separation is an emotional process and it is always advisable for both parties to consult an attorney who can inform them of their legal rights and responsibilities in relation to their spouse.

Some of the issues which must be resolved in connection with separation and divorce include:

- custody of the children
- support for the spouse and children
- housing
- liquidation or division of commonly owned property and valuables
- prevention of further violence on the part of the abuser through use of protective orders, stipulations in the divorce decree or separation agreement.

Issues regarding custody of children which must also be resolved upon separation include determinations regarding child custody and financial support. Custody issues which are not resolved to the satisfaction of both parties may result in kidnapping of the children. Custody determination hearings may be held in Family or Juvenile Court or in Circuit Court if they are related to a divorce decree. The CPS worker may be asked to provide information in the form of an investigation report or psychosocial study to the court or to serve as a witness during this hearing. Where neither parent is presently able to provide adequately for the children and there are no responsible relatives or friends available to do so, the worker may have to file a petition in the court for custody of the children.

In instances of dissension between spouses, CPS workers should be aware of the potential for child abuse and neglect accusations between spouses. Careful investigation and objectivity will assist the worker in avoiding misuse of child abuse and neglect statutes and inappropriate service provision.

Visitation issues should be resolved in the best interests of the child to whatever extent possible. Visitation guidelines should be developed with the aid of the CPS worker or ordered through family court. They should include:

- a structured visitation schedule with meetings at a neutral location or CPS office
- rights and responsibilities of the visiting parent
- evaluation of physical and emotional harm to the children, and potential for kidnapping.

VI

# PROGRAM PLANNING, COORDINATION, AND EVALUATION

## WHERE TO TURN FOR HELP

Community services for families experiencing violence often are fragmented and/or unknown to the families that could most benefit from them. Intervenors (at a point of family crisis) also may not know where to refer these families for help. Thus there should be one agency within the community that serves as the focal point for initial referrals of family violence situations.

The focal agency should provide: information, referral, case management and follow-up services, and training for other community agencies. The training provided should be multidisciplinary and focus on: the problem of family violence; identification of violent families and victims; crisis and ongoing intervention strategies; and coordination between the criminal justice system and the human service system.

In addition, the focal agency needs to collect data on: the incidence of family violence in the community; the use and availability of resources to meet the families' needs; and other areas related to family violence program planning and development.

By establishing a team approach the focal agency can capitalize upon the expertise of other agencies. Since a variety of agencies and services frequently are required to meet the needs of violent families, each agency should appoint a staff member to act as a liaison to the team. These staff members can facilitate the provision of needed services and advocate for families within their own agency systems, as well as mutually determine the primary contact agency for that community.

## PROGRAM OBJECTIVES

If a community is to meet the many needs of violent families, the service delivery system must be coordinated and comprehensive. The following are the basic program objectives that a community should address:

- To identify families where violence is a problem and where family members are at risk

- To reduce or contain actual physical violence and the threat of violence
- To reduce the incidence of homicide and suicide
- To protect family members from harm, assault, and injury
- To prevent the transmission of violence from one generation to the next
- To encourage families and family members engaged in violence to seek help voluntarily from human service agencies
- To discover new or enhance existing service techniques, approaches, and treatment modalities for violent families
- To lessen fragmentation and gaps in existing community resources and develop new resources
- To provide public education in order to create an awareness of the problem of family violence and of helping resources available in the community
- To determine needs and advocate for legislative changes on the local, state, and national levels.[1]

## COMPONENTS OF A COMPREHENSIVE SERVICE SYSTEM

The types of services established by a community for intervening in situations of family violence vary. What is established depends on: existing resources (strengths and limitations); availability of funds; and the commitment of individuals within the community to accept responsibility for needed change in the criminal justice and human service delivery systems. However, to have an effective community program, the following components are considered essential.

### Twenty-Four Hour Hot Line Services

Hot line services can be tied into an existing service or established as an independent program component. Callers should be

---

[1] Criminal Justice Coordinating Council, Project CEASE (Community Effort for Abused Spouses). *Fairfax County Criminal Justice Plan: FY 1979*, Part II, 1977, p. 1.

able to receive crisis counseling, accurate information on service alternatives, and referrals to appropriate community resources. If possible, the hot line staff should also follow-up with the callers to determine if crises have been resolved or if there is a need for outside agency intervention.

Hot line staff, whether paid or volunteer, should have basic crisis intervention skills and extensive training regarding the problem of family violence. They should also have easy access to a resource manual that outlines agency referral procedures as well as key contact persons, their addresses and telephone numbers. In addition, there should be a back-up consultant "on-call" to assist hot line staff in making emergency decisions, such as when to call the law enforcement agency or child protective services, and to provide assistance in handling clients with psychiatric emergencies.

If the hot line is staffed by volunteers, a coordinator should be hired to: oversee the service; carefully screen the volunteers; conduct training for the volunteers (*prior* to their taking any calls); and widely publicize the availability of the hot line service.

### Walk-In Crisis Center

Situations of family violence require immediate attention and access to 24-hour emergency assistance. Preferably, this is accomplished by the establishment of a walk-in crisis center where families may go at any time. Law enforcement officers (or other intervenors at a time of family crisis) should be able to bring family members to the center as well. The walk-in center may be created as part of any existing agency's service (for example, 24-hour mental health clinic, hospital) or as an independent program component. In any case, the center should be staffed with persons trained and skilled in mental health treatment and in dealing with family violence. The staff must also be knowledgeable regarding community resources.

### Emergency Housing/Shelter

Every community should have emergency shelters available to victims of family violence because they frequently need safe and affordable emergency housing on a 24-hour basis. Shelter staff should be trained in responding to crises and to the emotional needs of family members. In addition the staff should be able to provide a supportive atmosphere with consideration for the individualized needs of each family member.

There are a variety of alternatives for the provision of emergency housing including: a shelter exclusively for abused women and their children; a shelter for persons experiencing various crises; motel/hotel/apartment accommodations paid for by local agency/ community funds; and volunteer "safe houses." All of these shelters must ensure physical safety from further violence.

- Emergency shelter for abused women: This is usually the best emergency housing alternative for battered women. Staff are available as sources of support to family members and are trained in dealing with the problem of family violence. Residents share similar circumstances and common problems, creating a collaborative community spirit. This helps the women to overcome their feelings of helplessness and social isolation.

- Community shelter: If a community shelter is to be used by abused women and children, it is important that staff be trained to meet their special needs and to cope with potential problems. The referring agency should assess the shelter's population before referral to ensure that placement will not be frightening or threatening to the family. It is also essential that a shelter of this type be physically secure from abusers.

- Motel/Hotel shelter: Placement of victims of violence in a motel is the least preferable option. The victim and children often feel isolated and have an increased chance of being harmed. In addition it is inadvisable to leave a despondent or suicidal person unsupervised. If motel shelter is the only available option, it is essential that a skilled person stay in frequent contact with the victim.

- Volunteer or "safe" homes: The use of a volunteer's home can be a valuable resource to victims of family violence. However, the volunteer must receive training with regard to the special needs of victims of family violence. They must also receive support from professionals and be aware of the potential risks of housing these individuals. It is not appropriate to use a volunteer's home if it is known that the victim's spouse may endanger the volunteer family.

It is essential that staff in any type of emergency shelter be aware of the physical and emotional needs of children and ensure that children's as well as abused women's needs are met. It is

also advantageous for emergency shelter staff to have a close working relationship with the local CPS agency.

In addition to emergency shelters, victims of family violence often need longer range housing assistance, such as safe transitional homes and help in locating permanent housing.

### Child Protective Services

Local CPS staff must be "on-call" on a 24-hour basis to respond to those incidents of family violence which involve child abuse and neglect. In addition, they can be a valuable consultation resource for other professionals who intervene in family crisis situations. CPS staff should be knowledgeable about all forms of family violence, the legal ramifications of spouse abuse in their state and county, procedures for psychiatric commitment, and community resources.

### Law Enforcement Agencies

Since law enforcement personnel are mandated to respond to domestic disturbance calls, they can serve as valuable resources to victims of abuse. They should receive training in connection with other social service providers regarding effective interventions, referrals to community resources, and provision of support services such as transportation to a walk-in crisis center or emergency shelter.

### Legal Services

Victims of family violence should have legal services available to them on a free or sliding-scale basis. This can be accomplished through county or state subsidization of legal aid facilities. Private law firms are often willing to donate a certain amount of staff time to abuse cases. Legal services are necessary to families in the areas of protection from further harm, separation and divorce, child custody and visitation, or any civil remedy. The abuser will require an attorney for any criminal charges against him, and *should be so advised.*

### Mobile Crisis Team

A mobile crisis team is usually composed of mental health or social service practitioners and law enforcement officers. The team provides specialized assessment and intervention assistance in crisis situations of family violence. The team can provide:

- Immediate crisis intervention
- Crisis counseling
- Assessment of family members' immediate needs
- Assessment of any danger to family members
- Transportation to medical services and/or emergency shelter
- Assistance to family members regarding their legal rights and responsibilities
- Consultation to family members regarding various court actions and/or psychiatric commitment procedures
- Referrals to other community resources
- Follow-up services.

### Volunteers

Volunteers can fulfill a variety of roles which assist victims of family violence. They can provide crisis services (for example, transportation to an emergency shelter) as well as ongoing services (for example, family support and advocacy and/or a model for child care). As with professional staff working in other program areas, volunteers should have a clear understanding of their roles, intensive training, and professional support and supervision. With effective training, volunteers can be a vital component of a family violence program. Attempts should be made to pay volunteers for their time and for any costs incurred in service delivery. Each community should take the responsibility for supporting family violence services through federal, state, and local funds to the extent possible.

With regard to any of these program components, it is important that staff be representative of all community cultural groups and that they are able to speak the clients' primary language(s).

## PROGRAM DEVELOPMENT

A comprehensive and coordinated community program to serve violent families requires the commitment of the focal agency as well as other relevant community agencies and groups. Program development

should *begin* with the establishment of a community-wide task force. The task force should establish program goals and objectives; assess existing program components; and then determine the extent of need for improved, expanded, and/or additional program components. The task force should also determine jurisdictional boundaries of the program and establish interagency agreements. The agreements should focus on each agency's/group's role in program development (or service provision), and each agency's/group's related program responsibilities.

Other areas to which the task force can direct attention include:

- Fund raising
- Resource identification
- Advocacy and public awareness
- Program monitoring
- Program evaluation.

The task force should consist of representatives from public and private agencies as well as individuals who have previously or are currently using program services. Public agencies that should be represented include:

- Department of Social Services
- Mental health services
- Legal aid societies
- Law enforcement
- Criminal justice and court services
- Physical health services
- Alcohol/Drug treatment services
- Hospitals
- Schools.

Private representation can include:

- Religious groups
- YWCA/YMCA
- National Organization for Women
- Coalition Against Domestic Violence
- NAACP
- Private attorneys
- Commission for Women
- Family service agencies
- Day care centers
- Volunteers
- Women's centers, professional organizations, and advocacy groups
- Local hotlines
- Ethnic groups and organizations
- Free clinics
- Other private service organizations such as Federation of Women's Clubs, Business and Professional Women, Urban League.

Representation from the general public should include some persons with current or past histories of family violence, representing both the victim and the abuser.[1]

A task force established in a rural area may have to consider additional program development roles and responsibilities. Because

---

[1] Criminal Justice Coordinating Council, Project CEASE (Community Effort for Abused Spouses). *op. cit.*

rural families are more isolated from one another, the community may deny that family violence exists. Or family violence may be considered a "way of life" with intervention considered an invasion of family privacy. In addition there are often problems regarding the availability and accessibility of resources, for example, job training and employment, hospital or medical care, mental health services, and child care. Perhaps most difficult in rural areas is the development of a program that can safeguard the location of an emergency shelter. Despite these potential problems, some rural areas have successfully developed services to aid victims of family violence. These programs include "safe homes," family advocates, transportation networks, and volunteer services.[1]

## PREVENTION STRATEGIES

Public education regarding the problem of family violence as well as the resources available to meet the needs of families experiencing these problems is an important prevention component. Public education can include: speaking to professional, social, and civic groups; television, radio, and newspaper coverage; and dissemination of brochures which provide information on services available to victims of violence. (All public education should be addressed to the needs of non-English as well as English speaking groups.) Volunteers, particularly former victims or abusers, can be helpful in assuming and carrying out the tasks of public education, including the formation of a speakers bureau.

School systems should be involved in the prevention of family violence by integrating information into their curricula on the problem of family violence and types of intervention that will help to remedy the problem. In addition, school systems may provide an opportunity for students to discuss family conflicts and alternative methods for resolving them, as well as their feelings of anger, hostility, and helplessness.

Finally, agencies and other community groups should examine sources of family stress that can lead to violent behavior and work together toward enhancing services to reduce these stresses.

---

[1] "Marital Violence in Rural America." *Response to Violence and Sexual Abuse in the Family*, II(4), February 1979, pp. 1-2.

## SUMMARY

In summary, problems related to family violence are complex and multifaceted and involve large numbers of people in this country. Although family violence involves all members of the family, this manual has focused on the concerns of battered women, who are often trapped in patterns of violence that are difficult and painful to break out of.

The CPS worker is in a unique position to intervene to protect abused women as well as their children, who also may be abused, neglected, or at risk. It is hoped that this manual can be used as a resource by CPS workers involved in the treatment and prevention of family violence so that available services can be improved and additional services can be implemented.

# APPENDIX

# THE CRISIS ASSESSMENT:

# ABUSER AND VICTIM PROFILES

## THE CRISIS ASSESSMENT--ABUSER PROFILE

**PRESENCE OF WEAPONS?** —yes→

- Are weapons available to assailant?
- Has the abuser made previous threats with a weapon?
- Have weapons been used in previous episodes?
- Is the abuser now threatening to use a weapon?

**PRESENCE OF ALCOHOL/DRUGS** —yes→

- Is abuser intoxicated and making threats?
- Has abuser been violent during intoxicated states in the past?
- Is abuser threatening to harm family members?

**SUICIDE THREATS?** —yes→

- Is there a threat to kill self?
- Is there a previous history of mental illness when there were episodes of violence?
- Has abuser made previous suicide attempts?
- Does the abuser threaten to kill family members?

## THE CRISIS ASSESSMENT--ABUSER PROFILE

**INTIMIDATING BEHAVIOR?** —yes→

- Does the abuser engage in threatening behavior?
- Does the abuser frighten friends and family members?
- Does the abuser make abusive telephone calls?
- Does the abuser make verbal threats of violence against spouse?

**PREVIOUS HISTORY OF VIOLENT EPISODES?** —yes→

- When did last incident occur?
- What was severity of episode?
- Outcome for assailant?
- Was the abuser remorseful?
- Was legal action taken?

**VIOLENCE OUTSIDE THE FAMILY?** —yes→

- Has the abuser assaulted extended family members?
- Has the abuser assaulted friends?
- Has the abuser assaulted strangers?
- Number of incidents, degree of injuries?

## THE CRISIS ASSESSMENT--ABUSER PROFILE

PREVIOUS HISTORY WITH COURT SYSTEM?

yes →

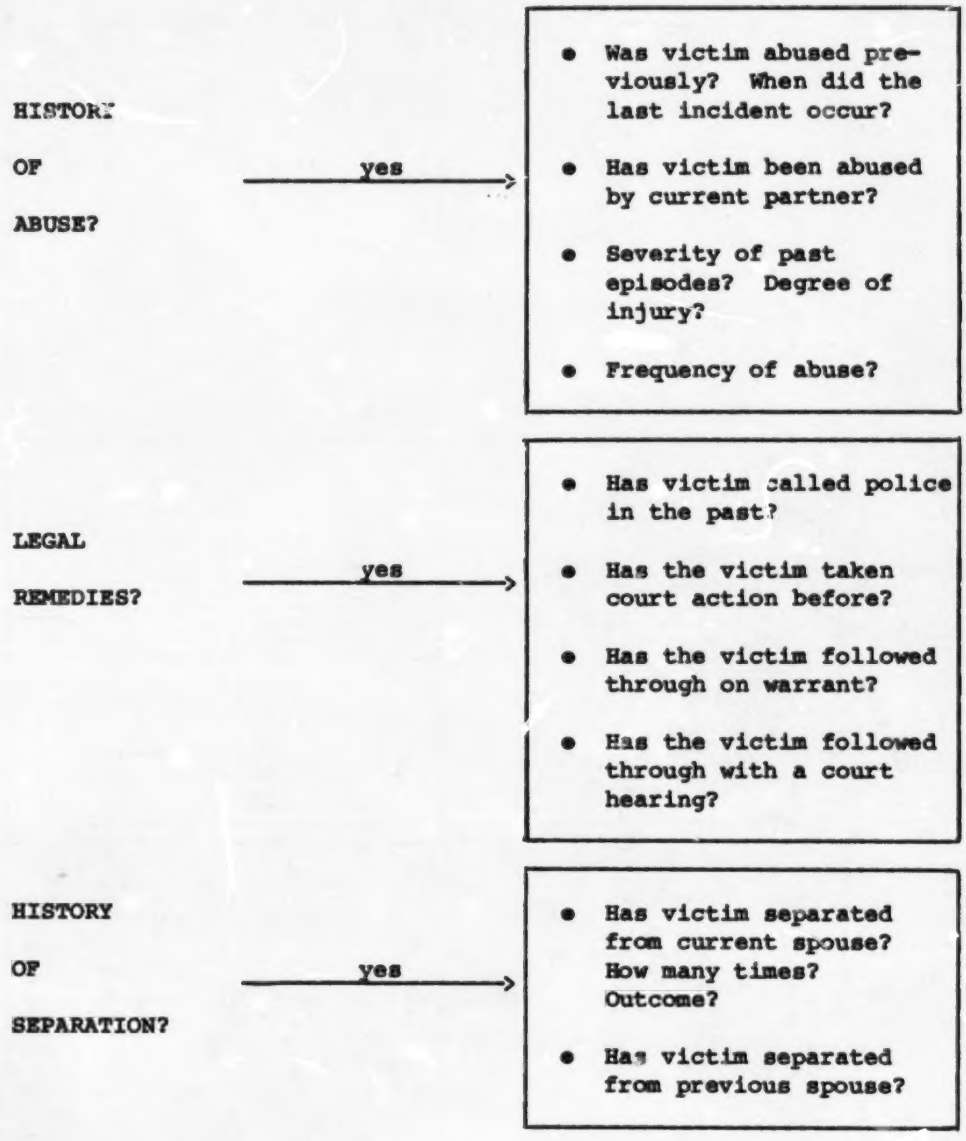
- Does the abuser have a record with courts, or prison?
- Was the abuser previously charged with assault?
- Is the abuser on probation?
- Is there a peace bond or restraining order?

SOPHISTICATED KNOWLEDGE OF LEGAL SYSTEM

yes →

- Does the abuser know terms and degrees of court sanctions and how far to push before court action can be taken?
- Has the abuser manipulated legal system before?
- Does the abuser respect the law?

## THE CRISIS ASSESSMENT--VICTIM PROFILE


HISTORY OF ABUSE?
yes
• Was victim abused previously? When did the last incident occur?
• Has victim been abused by current partner?
• Severity of past episodes? Degree of injury?
• Frequency of abuse?
LEGAL REMEDIES?
yes
• Has victim called police in the past?
• Has the victim taken court action before?
• Has the victim followed through on warrant?
• Has the victim followed through with a court hearing?
HISTORY OF SEPARATION?
yes
• Has victim separated from current spouse? How many times? Outcome?
• Has victim separated from previous spouse?

## THE CRISIS ASSESSMENT--VICTIM PROFILE

**LIMITED ABILITY TO FUNCTION OR MAKE DECISIONS?** —yes→

- Is victim capable of making decisions about how to avoid violence?
- Has victim developed a workable plan or is she immobilized?
- What barriers are preventing victim from making a plan?

**CHILDREN AT RISK?** —yes→

- Are children in danger? Has there been previous abuse?
- Has victim made a decision to take the children in the event of seperation?
- What are the best plans for the children?

**IS VICTIM POTENTIALLY VIOLENT?** —yes→

- Does the victim feel that in anger or rage she could use a weapon to harm the attacker?
- Does the victim have access to weapons?
- Does the victim plan to fight back?
- Has victim been violent in past?

# BIBLIOGRAPHY

Bandura, A. "Modeling and Vicarious Processes." In: *Principles of Behavior Modification.* New York: Hart, Rinehart and Winston, Inc., 1969, 118-204.

Bard, M. and Zacker, Jr. "The Prevention of Family Violence: Dilemmas of Community Intervention." *Journal of Marriage and the Family*, 33: 677-687, November 1971.

*Battered Wives.* Report of the Fairfax County (Virginia) Commission for Women, April 1977.

*Battered Wives: Issues of Public Policy.* A Consultation Sponsored by the United States Commission on Civil Rights, Washington, D.C., January 30-31, 1978.

Blumenthal, M., Kahn, R.L., Andrews, F.M. and Head, K.B. *Justifying Violence: Attitudes of American Men.* Ann Arbor, Michigan: University of Michigan Press, 1972.

Bourdouris, J. "Homicide and the Family." *Journal of Marriage and the Family*, 33: 667-676, November 1971.

Chapman, J., *et al.* *The Victimization of Women.* London: Sage Publications, 1978.

*Child Abuse and Neglect. The International Journal*, 1(1), 1977.

Cormier, B.H. "Psycho-Dynamics of Homicide Committed in a Marital Relationship." *Journal of Social Therapy*, 8: 187-196.

*Definitions of Protective Services from Selected States' Comprehensive Annual Services Program Plan as of October 1, 1975.* Materials from APWA Conference, 1976.

Dibble, V. and Straus, M.A. "Some Social Structural Determinants of Inconsistency Between Attitudes and Behavior: The Case of Family Violence." Paper presented at the Eastern Sociological Society, New York, March 17, 1979.

Durant. "All in the Family: Violence and Abuse in the Home." *The Washington Post*, June 3, 1979.

Ebeling, N.B. and Hill, D.A., Eds. *Child Abuse: Intervention and Treatment.* Acton, Massachusetts: Publishing Sciences Group, Inc., 1975.

*Fairfax County Criminal Justice Plan, Fiscal Year 1979*, Part II. Criminal Justice Coordinating Council, Project CEASE (Community Effort for Abused Spouses), 1977.

Faulk, M. "Men Who Assault Their Wives." *Medicine, Science, and the Law*, 14(3): 180-183, 1974.

Flitcraft, A. "Battered Women: An Emergency Room Epidemiology." Statement Before Subcommittee on Domestic and International Scientific Planning, Analysis, and Cooperation, February 15, 1978.

Gayford, J.J. "Battered Wives." *Medicine, Science, and the Law*, 15(4): 237-245, 1975.

Gayford, J.J. "Wife Battery: A Preliminary Survey of 100 Cases." *British Medical Journal*, 194-197, January 1975.

Gelles, R.S. *The Violent Home: A Study of Physical Aggression Between Husbands and Wives*. London: Sage Publications, 1972.

Goode, W.J. "Force and Violence in the Family." *Journal of Marriage and the Family*, 33: 624-636, November 1971.

Hanks, S.E. and Rosenbaum, P.G. "Battered Women: A Study of Women Who Live with Violent Alcohol-Abusing Men." *American Journal of Orthopsychiatry*, 47(2): 291-306, 1977.

Helfer, R.E. and Kempe, C.H. (Eds.) *Child Abuse and Neglect: The Family and the Community*. Cambridge, Massachusetts: Ballinger Publishing Co., 1976.

Helfer, R.E. and Kempe, C.H. (Eds.) *Helping the Battered Child and His Family*. Philadelphia: J.B. Lippincott Co., 1972.

Herman, E.R. and Pittman, C.B. *Interspousal Abuse: Identification and Intervention*. Paper presented at the Conference on the Family: Perspectives for Intervention, Mt. Vernon Center for Community Mental Health, April 20, 1978.

Herman, E.R. and Pittman, C.B. "Some Indicators of Interspousal Abuse." Unpublished paper, June 1977.

Justice, B. and Justice, R. *The Abusing Family*. New York: Human Sciences Press, 1976.

Langley, R. and Levy, R. "Wife Abuse: Why Will a Woman Stay and Take It?" *New Woman*, July-August 1977.

Lystad, M. "Violence at Home: A Review of the Literature." *American Journal of Orthopsychiatry*, 43(3), 1975.

"Marital Violence in Rural America." *Response to Violence and Sexual Abuse in the Family*, 2(4): 1-2, Feburary 1979.

Martin, D. *Battered Wives*. San Francisco: Glide Publications, 1976.

McShane, C. "Community Services for Battered Women." *Social Work*, 24(1): 34-39, January 1979.

Milgram, S. *Obedience to Authority: An Experimental View*. New York: Harper and Row, 1974.

Nichols, B.B. "The Abused Wife Problem." *Social Casework*, 27-32, January 1976.

Owens, D.J. and S. ..s, M.A. "The Social Structure of Violence in Childhood and Approval of Violence as an Adult." *Aggressive Behavior*, 1: 193-211, 1975.

Parnas, R.I. "The Police Response to Domestic Disturbance." *Wisconsin Law Review*, 9(14): 914-960, 1967.

Pfouts, J.H. "Violent Families: Coping Responses of Abused Wives." *Child Welfare*, 57(2): 101-111, 1978.

Pizzey, E. *Scream Quietly or the Neighbors Will Hear*. London: Anchor Press, 1974.

Roy, M. (Ed.) *Battered Women. A Psychosociological Study of Domestic Violence*. New York: Van Nostrand Reinhold Co., 1977.

Schultz, L.G. "Wife Assaulter." *Journal of Social Therapy*, 6: 2, 1960.

Snell, J.E. *et al.* "The Wifebeater's Wife: A Study of Family Interaction." *Archives of General Psychiatry*, 11(2): 107-112, 1964.

Sprey, J. "On the Management of Conflict in Families." *Journal of Marriage and the Family*, 33: 722-731, November 1971.

Steinmetz, S.K. *The Cycle of Violence: Assertive, Aggressive and Abusive Family Interaction.* New York: Praeger Publishers, 1977.

Straus, M.A. "Cultural and Social Organization Influences Between Family Members." In: *Configurations, Biological and Cultural Factors in Sexuality and Family Life.* New York: D.C. Health, Lexington Books, 1974, 53-69.

Straus, M.A. "Family Patterns and Child Abuse in a Nationally Representative American Sample." Paper presented at the Second International Congress on Child Abuse and Neglect, London, September 12-14, 1978.

Straus, M.A. "Leveling, Civility, and Violence in the Family." *Journal of Marriage and the Family*, 36: 13-29, February 1974.

Straus, M.A. "National Survey of Domestic Violence: Some Preliminary Findings and Implications for Future Research." Prepared for Hearings on "Research into Domestic Violence," U.S. House of Representatives, Subcommittee on Domestic and International Scientific Planning, Analysis and Cooperation, February 14, 1978.

Straus, M.A. "Societal Morphogenesis and Intrafamily Violence in Cross Cultural Perspective." *Annals of New York Academy of Sciences*, 285: 718-730, 1977.

Tooley, K.M. "The Young Child as a Victim of Sibling Attack." *Social Casework*, 58(1): 25-28, January 1977.

*Victimology. An International Journal: Spouse Abuse*, 2(3/4), 1977-1978.

Walker, L. "Battered Women and Learned Helplessness." *Victimology. An International Journal*, 2(3/4): 525-534, 1977-1978.

Walker, L. *The Battered Women.* New York: Harper and Row, 1979.

* U. S. GOVERNMENT PRINTING OFFICE : 1980 620-232/4276